2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001247

Entity Name: VICTORIOUS LIFE MINISTRIES, INC.

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10421 RAGSDALE ST.

BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

P.O. BOX 366307

BONITA SPRINGS, FL 34136 US

FEI Number: 30-0043292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, HERIBERTO

144 FLAME VINE DRIVE

11731 RED HIBISCUS DR.

NADI ES EL 24110

PONITA SPRINCS EL 24125

NAPLES, FL 34110 US BONITA SPRINGS, FL 34135 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERIBERTO GONZALEZ 03/02/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: GONZALEZ, HERIBERTO REV.

Address: PO BOX 10191 Address: PO BOX 10191

 City-St-Zip:
 NAPLES, FL 341010191 US
 City-St-Zip:
 NAPLES, FL 341010191 US

Title: D () Delete Title: D (X) Change () Addition Name: WALKER, FRANKIE Name: SILVA, ARMANDO REV

Address: 7857 SOUTH MEMORIAL DRIVE #4103 Address: 6480 METROWEST BLVD. #904

City-St-Zip: TULSA, OK 74133 US City-St-Zip: ORLANDO, FL 32835 US

Title: D () Delete Title: D (X) Change () Addition

Name: ROSEMAN, ALAN Name: VALENTINE, BARBARA MS.

 Address:
 26865 LOST WOODS CIRCLE
 Address:
 P.O. BOX 9886

 City-St-Zip:
 BONITA SPRINGS, FL 34135 US
 City-St-Zip:
 NAPLES, FL 34101 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERIBERTO GONZALEZ REV 03/02/2004