

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001247

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: VICTORIOUS LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

10421 RAGSDALE ST.  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 366307  
BONITA SPRINGS, FL 34136 US

**New Mailing Address:**

FEI Number: 30-0043292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, HERIBERTO  
11731 RED HIBISCUS DR.  
BONITA SPRINGS, FL 34135 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GONZALEZ, HERIBERTO REV.  
Address: PO BOX 10191  
City-St-Zip: NAPLES, FL 341010191 US

Title: D ( ) Delete  
Name: SILVA, ARMANDO REV  
Address: 6480 METROWEST BLVD. #904  
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Delete  
Name: VALENTINE, BARBARA MS.  
Address: P.O. BOX 9886  
City-St-Zip: NAPLES, FL 34101 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GONZALEZ, HERIBERTO REV.  
Address: PO BOX 366307  
City-St-Zip: BONITA SPRINGS, FL 34136 US

Title: D (X) Change ( ) Addition  
Name: SILVA, ARMANDO REV  
Address: 7328 CATAMARAN DR.  
City-St-Zip: ORLANDO, FL 32835 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

D

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date