

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002921

FILED
Apr 17, 2006
Secretary of State

Entity Name: VICTORIOUS CHRISTIAN LIFE MINISTRIES, INC.

Current Principal Place of Business:

10483 SPRING HILL DR.
STE. 10483
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

1373 HAULOVER AVE.
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 42-0583745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, TOMMY
1373 HAULOVER AVE.
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

MASON, TOMMY L PASTOR
1373 HAULOVER AVE.
SPRING HILL, FL 34608 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: TOMMY L. MASON 04/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, TOMMY L
Address: 1373 HAULOVER AVE.
City-St-Zip: SPRING HILL, FL 34608

Title: VTD () Delete
Name: MASON, HARRIETT Y
Address: 1373 HAULOVER AVE.
City-St-Zip: SPRING HILL, FL 34608

Title: SD () Delete
Name: JACKSON, MICHEAL
Address: 3978 PUFFER TRACE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: JACKSON, MICHAEL
Address: 3978 PUFFER TRACE
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TOMMY L. MASON PD 04/17/2006

Electronic Signature of Signing Officer or Director Date