

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000002921

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** VICTORIOUS CHRISTIAN LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

1373 HAULOVER AVENUE.  
SPRING HILL, FL 34608

**New Principal Place of Business:**

10145 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**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 L PASTOR  
1373 HAULOVER AVE.  
SPRING HILL, FL 34608 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:** TOMMY L. MASON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MASON, TOMMY L  
**Address:** 1373 HAULOVER AVE.  
**City-St-Zip:** SPRING HILL, FL 34608

**Title:** VP  
**Name:** JACKSON, MICHAEL  
**Address:** 10293 FOX SPARROW AVENUE  
**City-St-Zip:** BROOKSVILLE, FL 34613

**Title:** T  
**Name:** JACKSON, SONYA  
**Address:** 10293 FOX SPARROW AVENUE  
**City-St-Zip:** BROOKSVILLE, FL 34613

I hereby 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 all other like empowered.

**SIGNATURE:** TOMMY L. MASON

PRES

02/05/2010

Electronic Signature of Signing Officer or Director

Date