# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N02000008099

**Entity Name:** VICTORIOUS FAITH COGIC, INC.

**Current Principal Place of Business:**

823 HUSSON AVENUE
PALATKA, FL 32177 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 208
PALATKA, FL 321780208 US

**New Mailing Address:**

**FEI Number: 59-3086766** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CLEVELAND, TINA
301 KAY LARKIN DRIVE
APT D5
PALATKA, FL 32177 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: SPELL, MEVELY A MISSION
Address: 101 S BEECH STREET
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Delete
Name: COLBERT, VICKIE E
Address: 2702 CECILLE AVE
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Delete
Name: SPELL, KARENSKI D
Address: 301 KAY LARKIN DRIVE, APT. F1
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Delete
Name: COLBERT, HERBERT W SR
Address: 2702 CECILLE AVENUE
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Delete
Name: CLEVELAND, KEVIN D
Address: 301 KAY LARKIN DRIVE, APT D5
City-St-Zip: PALATKA, FL 32177 US

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HERBERT COLBERT D 04/30/2009
Electronic Signature of Signing Officer or Director — Date