## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002122

Entity Name: VICTORY WORSHIP CHURCH INC

FILED Aug 26, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	ERSAL PLAZA T RICHEY, FL 34652 US		
Current Mailing Address:		New Mailing Address:	
3545 UNIVERSAL PLAZA NEW PORT RICHEY, FL 34652 US			
	04-3746929 FEI Number Applied For() FEI Number Applied For() FEI Number Applied For() FEI Number State		
ELLIOT, MI 8402 GOLE PORT RICI			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS	AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( ) Delete ELLIOT, MILES D 8402 GOLDOME DR PORT RICHEY, FL 34668 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP ( ) Delete MILES, KIMBERLY D 8402 GOLDOME DRIVE PORT RICHEY, FL 34668 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC () Delete GEIGER, DAVID J 2108 SHADY COVE DRIVE HOLIDAY, FL 34691 US	Title: Name: Address: City-St-Zip:	SEC (X) Change ( ) Addition GEIGER, DAVID J 9131 TOPNECK ST. NEW PORT RICHEY, FL 34654 US
Title: Name: Address: City-St-Zip:	TREA () Delete GEIGER, CARLA N 2108 SHADY COVE DRIVE HOLIDAY, FL 34691	Title: Name: Address: City-St-Zip:	TREA (X) Change ( ) Addition GEIGER, CARLA N 9131 TOPNECK ST. NEW PORT RICHEY, FL 34654
Title: Name: Address: City-St-Zip:	OFF ( ) Delete WINGFIELD, SEINE 4555 FLORAMAR DRIVE NEW PORT RICHEY, FL 34652	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	ADMN () Delete WALDROUPE, BAARON D 3917 CHEVAL DRIVE HOLIDAY, FL 34691	Title: Name: Address: City-St-Zip:	ADMN (X) Change ( ) Addition WALDROUPE, BAARON D 9061 SPARE DR. NEW PORT RICHEY, FL 34654

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: SEINE WINGFIELD OFF 08/26/2008