

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 MAR 21 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3.24.08 JH



REINSTATEMENT 08

DOCUMENT # N04000008445			
1. Entity Name VICTORY WORLD IMPACT CHURCH, INC.			
Principal Place of Business 5103 TWIN CREEK DR. VALRICO, FL 33594		Mailing Address 5103 TWIN CREEK DR. VALRICO, FL 33594	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Victory World Impact Church	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #470 Box 1104	
City & State		City & State Riverview FL	
Zip	Country	Zip	Country
33568	USA	33568	USA
4. FEI Number 80-0119425		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUGLAAR, JAY 5103 TWIN CREEK DR. VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Jay Fuglaar</i> (NOTE: Registered Agent signature required when reinstating) DATE: 03/08/08			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUGLAAR, JAY 5103 TWIN CREEK DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P James R. Fuglaar 5103 Twin Creek Dr. Valrico, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENNARO, FRANCO 5103 TWIN CREEK DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AUSTIN, RUSS 3939 HUNT CLUB RD. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DN Russell Austin 5103 Twin Creek Dr. Valrico, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FUGLAAR, CAROLYN 5103 TWIN CREEK DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100120955421 03/21/08--01030--002 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEHEAD, DONNA 9817 WHITE BARN WAY RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Candice A. Jackson 5507 Legacy Crescent Place, Unit 103 Riverview, Florida 33578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100120955421 03/21/08--01030--003 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Jay Fuglaar</i>		Date: 03/08/08 Daytime Phone #: 813 4346873	