2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000000070

Entity Name: BELIEVER'S LIFE OF VICTORY MINISTRIES INC.

Current Principal Place of Business:

3519 SW 69TH WAY
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

3519 SW 69TH WAY
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 05-0614277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLIDAY, DARRYL J
3519 SW 69TH WAY
MIRAMAR, FL 33023 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: P ( ) Delete
Name: HOLLIDAY, DARRYL J
Address: 3519 SW 69TH WAY
City-St-Zip: MIRAMAR, FL 33023 US

Title: CO-P ( ) Delete
Name: LOVE-HOLLIDAY, DESIREE A
Address: 3519 SW 69TH WAY
City-St-Zip: MIRAMAR, FL 33023 US

Title: T ( ) Delete
Name: GEORGE, JULIANA
Address: 3581 SW 70TH AVENUE
City-St-Zip: MIRAMAR, FL 33023

Title: S ( ) Delete
Name: SWEETS, LINDA
Address: 850 SW 9TH AVE., APT C
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: GREEN, JAMES
Address: 380 SW 14TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: S (X) Change ( ) Addition
Name: JONES, YOLANDA
Address: 1820 NW 142 TERR
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: C ( ) Change (X) Addition
Name: JONES, WILLIE
Address: 1820 NW 142 TERR
City-St-Zip: PEMBROKE PINES, FL 33028

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: DARRYL J. HOLLIDAY P 04/30/2009

Electronic Signature of Signing Officer or Director — Date