

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001135

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** VICTORY IN THE WORD MINISTRIES, INC.

**Current Principal Place of Business:**

9425 ATLAS DRIVE  
SAINT CLOUD, FL 34773

**New Principal Place of Business:**

**Current Mailing Address:**

9425 ATLAS DRIVE  
SAINT CLOUD, FL 34773

**New Mailing Address:**

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

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

WILLIAMS, VICTOR  
9425 ATLAS DRIVE  
SAINT CLOUD, FL 34773      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: WILLIAMS, VICTOR  
Address: 9425 ATLAS DRIVE  
City-St-Zip: SAINT CLOUD, FL 34773

Title: VP                      ( ) Delete  
Name: WILLIAMS, VALERIE J  
Address: 9425 ATLAS DRIVE  
City-St-Zip: SAINT CLOUD, FL 34773

Title: S                      ( ) Delete  
Name: MAY, WILLA MAE  
Address: 9425 ATLAS DRIVE  
City-St-Zip: SAINT CLOUD, FL 34773

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

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

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

Title: S                      (X) Change ( ) Addition  
Name: MAY, WILLA MAE  
Address: 9435 ATLAS DRIVE  
City-St-Zip: SAINT CLOUD, FL 34773

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: VALERIE J WILLIAMS

VP

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date