


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-30-2007 90009 023 ****70.00

DOCUMENT # N06000006245
 1. Entity Name
VISION OF FAITH VICTORY CENTER INC.



Principal Place of Business Mailing Address
 16410-16412 US HWY 19 HUDSON FL 34667
 16410-16412 US HWY 19 HUDSON FL 34667

2. Principal Place of Business - No P.O. Box #
 16410-16412 US Hwy 19
 Suite, Apt. #, etc.
 Hudson Fl
 City & State
 34667
 Zip Country
 USA

3. Mailing Address
 16410-16412 US Hwy 19
 Suite, Apt. #, etc.
 Hudson Florida
 City & State
 34667
 Zip Country
 USA



1st MOORE CR2E037 (10/06)

4. FEI Number
 87-0771958
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GENNA, RONALD
 13757 HIDDEN VALLEY CT
 HUDSON FL 34667

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 Ronald Genna 1-22-07
Signature, typed or printed name of registered agent and title (last name only) (Print Name of registered agent, signature required when requested)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLAS, JIM	
STREET ADDRESS	3498 SHORELINE CIR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASPARINI, LIVIO	
STREET ADDRESS	7841 TRAIL RUN LOOP	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, LAROV	
STREET ADDRESS	4038 JUNIPER LN	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENNA, RONALD	
STREET ADDRESS	13757 HIDDEN VALLEY CT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENNA, LORI	
STREET ADDRESS	13757 HIDDEN VALLEY CT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levy, Leroy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Genna	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori A. Genna	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald Genna 1-22-07
Signature and typed or printed name of signing officer or director Date Daytime Phone #