2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N06000006249

Entity Name: VISION OF FAITH VICTORY CENTER INC.

Current Principal Place of Business:

16410-16412 US HYWY 19
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

16410-16412 US HYWY 19
HUDSON, FL 34667

New Mailing Address:

FEI Number: 87-0771958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GENNA, RONALD
13757 HIDDEN VALLEY CT
HUDSON, FL 34667 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: D ( ) Delete
Name: NICHOLAS, JIM
Address: 3498 SHORELINE CIR
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: GASPARINI, LIVIO
Address: 7841 TRAIL RUN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete
Name: LEVY, LAROY
Address: 4636 JUNIPER DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: GENNA, RONALD
Address: 13757 HIDDEN VALLEY CT
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: GENNA, LORI
Address: 13757 HIDDEN VALLEY CT
City-St-Zip: HUDSON, FL 34667

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

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

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: LORI A. GENNA DIRE 06/29/2009

Electronic Signature of Signing Officer or Director — Date