

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

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90016 049 ****61.25

DOCUMENT # N06000007135

1. Entity Name

VICTORIOUS LIVING CHURCH, INC.



Principal Place of Business

426 SYCAMORE STREET
DEBANY FL 32713

Mailing Address

426 SYCAMORE STREET
DEBANY FL 32713



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5148170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNIZZI, RON
426 SYCAMORE SPRINGS STREET
DEBANY FL 32713

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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: P ☐ Delete
NAME: MUNIZZI, RON
STREET ADDRESS: 426 SYCAMORE SPRINGS STREET
CITY-STATE-ZIP: DEBANY FL 32713

TITLE: S, T ☐ Delete
NAME: MUNIZZI, TRACY
STREET ADDRESS: 426 SYCAMORE SPRINGS STREET
CITY-STATE-ZIP: DEBANY FL 32713

TITLE: DIR ☐ Delete
NAME: MUNIZZI, RON
STREET ADDRESS: 426 SYCAMORE SPRINGS STREET
CITY-STATE-ZIP: DEBANY FL 32713

TITLE: DIR ☐ Delete
NAME: MUNIZZI, TRACY
STREET ADDRESS: 426 SYCAMORE SPRINGS STREET
CITY-STATE-ZIP: DEBANY FL 32713

TITLE: DIR ☐ Delete
NAME: DUBOIS, NORMAN
STREET ADDRESS: 1082 ALVINA LANE
CITY-STATE-ZIP: OVIEDO FL 32765

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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:

[Signature]

2-28-07 386-566-2116