2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N06000010983

Entity Name: LIBERTY VICTORIOUS LIFE MINISTRIES, INC.

Current Principal Place of Business:

8600 VILLANOVA STREET
ORLANDO, FL 32817

New Principal Place of Business:

8600 VILLA NOVA STREET
ORLANDO, FL 32817

Current Mailing Address:

8600 VILLANOVA STREET
ORLANDO, FL 32817

New Mailing Address:

8600 VILLA NOVA STREET
ORLANDO, FL 32817

FEI Number: 72-1621464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLINS, SHAWN C
8600 VILLANOVA STREET
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

COLLINS, SHAWN C
8600 VILLA NOVA STREET
ORLANDO, FL 32817 US

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: _____ 03/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, SHAWN C
Address: 8600 VILLANOVA STREET
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: COLLINS, TRACY L
Address: 8600 VILLANOVA STREET
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: SEXTON, ANDRE
Address: 2661 SUN CREST DRIVE
City-St-Zip: SIERRA VISTA, AZ 85650

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLLINS, SHAWN C
Address: 8600 VILLA NOVA STREET
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition
Name: COLLINS, TRACY L
Address: 8600 VILLA NOVA STREET
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition
Name: SEXTON, ANDRE V
Address: 2661 SUN CREST DRIVE
City-St-Zip: SIERRA VISTA, AZ 85650

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: SHAWN C. COLLINS P 03/16/2009
Electronic Signature of Signing Officer or Director — Date