2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06180

FILED Mar 13, 2009 Secretary of State

Entity Name: VICTORY ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

1895 VICTORY ROAD CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

1895 VICTORY ROAD CANTONMENT, FL 32533

FEI Number: 59-2692378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DENMARK, KAREN O DENMARK, KAREN C 1895 VICTORY RD 1895 VICTORY RD

CANTONMENT, FL 32533 US CANTONMENT, FL 32533 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: KAREN C. DENMARK 03/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 FOSTER, PETE
 Name:
 MCGLOTHREN, TED

 Address:
 P. O. BOX 913
 Address:
 1275 NORTH HWY. 95-A

 City-St-Zip:
 GONZALEZ, FL 32560
 City-St-Zip:
 CANTONMENT, FL 32533

Title: D () Delete Title: () Change () Addition

 Name:
 BLANCHETT, WAYNE
 Name:

 Address:
 3210 CREEKWOOD DRIVE
 Address:

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 CANTRELL, DAVID
 Name:
 HAYNES, JEFFREY

 Address:
 P.O. BOX 745
 Address:
 6016 LOUISVILLE AVE.

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 PENSACOLA, FL 32526

Title: D () Delete Title: () Change () Addition

 Name:
 EDDINS, JERRY
 Name:

 Address:
 3418 BOPEG RD
 Address:

 City-St-Zip:
 CANTONMENT, FL 32533
 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: KAREN C. DENMARK O 03/13/2009