

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007985

FILED  
May 15, 2009  
Secretary of State

Entity Name: VICTORIOUS MINISTRIES CORP

## Current Principal Place of Business:

1937 SE SOUTH BUTTONWOOD DRIVE  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 7902  
PORT ST. LUCIE, FL 34985

## New Mailing Address:

FEI Number: 26-0658561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

## Name and Address of New Registered Agent:

WILLIAMS, SHERMIN M  
1937 SE SOUTH BUTTONWOOD DRIVE  
PORT ST. LUCIE, FL 34952      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: WILLIAMS, SHERMIN  
Address: 1937 SE SOUTH BUTTONWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: WILLIAMS, SHERMIN  
Address: 1937 SE SOUTH BUTTONWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VSD ( ) Delete  
Name: WILLIAMS, PAUL  
Address: 1937 SE SOUTH BUTTONWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: COO ( ) Delete  
Name: WILLIAMS, PAUL  
Address: 1937 SE SOUTH BUTTONWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TED (X) Delete  
Name: CORRODUS, FONTLEY  
Address: P.O. BOX 880471  
City-St-Zip: PORT ST. LUCIE, FL 34952

## 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: SHERMIN WILLIAMS

D

05/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date