

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001372

FILED
Jul 30, 2009
Secretary of State

Entity Name: VICTORY WORD CHURCH, INC.

Current Principal Place of Business:

4000 S FEDERAL HWY
FORT PIERCE, FL 34982

New Principal Place of Business:

1591 SE PORT SAINT LUCIE BLVD.
STE. D
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

PO BOX 14890
FORT PIERCE, FL 34979

New Mailing Address:

1591 SE PORT SAINT LUCIE BLVD.
STE. D
PORT SAINT LUCIE, FL 34952

FEI Number: 65-0938341 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:

OWEN, KURT
4000 S FEDERAL HWY
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

OWEN, KURT
1591 SE PORT SAINT LUCIE BLVD.
STE. D
PORT SAINT 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: _____

07/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWEN, KURT
Address: 4000 S FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: WILKINSON, DANIEL
Address: PO BOX 921
City-St-Zip: CLOVERDALE, CA 95425

Title: D () Delete
Name: BURGDORF, JIM
Address: PO BOX 93463
City-St-Zip: SOUTH LAKE, TX 76092

Title: D () Delete
Name: CUNNINGHAM, TOM
Address: 1604 ARBOR CREST DR
City-St-Zip: BEDFORD, TX 76021

Title: D () Delete
Name: GARDNER, JAMES
Address: PO BOX 2127
City-St-Zip: JASPER, AL 355022127

Title: D () Delete
Name: PEARCE, VOLTAIRE
Address: 1446 25TH STREET SW
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OWEN, KURT
Address: 1591 SE PORT SAINT LUCIE BLVD. STE.D
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

Title: () Change () Addition
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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: KURT OWEN

D

07/30/2009

Electronic Signature of Signing Officer or Director

Date