

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002579

FILED
Jan 08, 2009
Secretary of State

Entity Name: VICTORY, PRAYER AND HEALING CENTER, INC.

Current Principal Place of Business:

2021 NW 189TH TERRACE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

2021 NW 189TH TERRACE
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 51-0675074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TO KNOW IS TO UNDERSTAND MINISTRIES, INC.
1040 NE 78TH STREET ROAD #4
BAYSHORE, FL 33132 US

Name and Address of New Registered Agent:

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: P () Delete
Name: GRAY, VOCTORIA
Address: 2021 NW 189TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T () Delete
Name: JONES, ELFREDA
Address: 2021 NW 189TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S () Delete
Name: BENJAMIN, LILLYMAE
Address: 2021 NW 189TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: V () Delete
Name: EDWARDS, CURTIS
Address: 7340 MIRAMAR BLVD
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAY, VOCTORIA C P
Address: 2021 NW 189TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T (X) Change () Addition
Name: JONES, ELFREDA M T
Address: 2021 NW 189TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S (X) Change () Addition
Name: BENJAMIN, LILLYMAE D S
Address: 2021 NW 189TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: V (X) Change () Addition
Name: EDWARDS, CURTIS V
Address: 7340 MIRAMAR BLVD
City-St-Zip: MIRAMAR, FL 33023

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: VICTORIA GRAY

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date