

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002579

**FILED**  
**Apr 24, 2011**  
**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  
Name: GRAY, VOCTORIA C P  
Address: 2021 NW 189TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T  
Name: GRANT, ELFREDA M T  
Address: 2021 NW 189TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

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

Title: V  
Name: LEWIS, CAROLYN V  
Address: 8565 SOUTH SUTTON DRIVE  
City-St-Zip: MIRAMAR, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA GRAY

P

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date