2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N08000009392

Entity Name: VICTORIOUS LIFE CHURCH OF PORT ORANGE, FLORIDA, INC.

Current Principal Place of Business:

3489 S. CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291075
PORT ORANGE, FL 321291075

New Mailing Address:

FEI Number: 59-3579057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINKEN, THOMAS
5968 PLANTERA CORUT
PORT ORANGE, FL 32127 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:	ST	( ) Delete
Name:	CARR, LOIS M	
Address:	3917 OAK CREST CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	D	( ) Delete
Name:	COGDILL, JOHN	
Address:	16 WHISTLING DUCK COURT	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:	PC	( ) Delete
Name:	FINKEN, THOMAS	
Address:	5968 PLANTERA COURT	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	LINDLEY, JOHN	
Address:	4737 CHARDONNAY LANE	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	D	( ) Delete
Name:	ROMANO, JOHN	
Address:	2193 CRANE LAKES BLVD	
City-St-Zip:	PORT ORANGE, FL 32128	

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: THOMAS FINKEN REV. 04/24/2009

Electronic Signature of Signing Officer or Director — Date