

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13738

FILED
Jan 07, 2008
Secretary of State

Entity Name: VICTORY WORSHIP CENTER, INC.

Current Principal Place of Business:

VICTORY WORSHIP CENTER, INC.
6637 COUNTY LINE RD.
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

VICTORY WORSHIP CENTER, INC.
6637 COUNTY LINE RD.
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 59-2509313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TIMOTHY
6637 COUNTY LINE ROAD
PLANT CITY, FL 33567 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: PD () Delete
Name: WILLIAMS, TIM A
Address: 6635 COUNTY LINE ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: GONZALEZ, STEVE
Address: 2001 HOLLOWAY RD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SCHROYER, BOB
Address: 4327 MEIBROOK CT
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: MURPHY, HOWARD
Address: 1128 COWARD RD
City-St-Zip: PLANT CITY, FL 33567

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:

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: TIMOTHY WILLIAMS

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date