

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90023 005 ****61.25



DOCUMENT # N36069

1. Entity Name
VICTORY ASSEMBLY OF GOD PALM BAY, FLORIDA, INCORPORATED

Principal Place of Business
**1800 BLAINE STREET NE
 PALM BAY, FL 32905**

Mailing Address
**1800 BLAINE STREET NE
 PALM BAY, FL 32905**

40095114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3146160

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REV. EDWIN M. VIVEIROS
 310 CAVERN AVE. SE
 PALM BAY, FL 32909**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** Delete
 NAME **TOOMEY, DEBORAH**
 STREET ADDRESS **4168 EMERSON DR SW**
 CITY-ST-ZIP **PALM BAY, FL 32908**

TITLE **T** Change Addition
 NAME **FOWLER, EDITH**
 STREET ADDRESS **948 ULSTER CIRCLE SE**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **TR** Delete
 NAME **VIVEIROS, EDWIN A REV.**
 STREET ADDRESS **310 CAVERN AVENUE**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **TR** Change Addition
 NAME **FOWLER, HAROLD**
 STREET ADDRESS **948 ULSTER CIRCLE SE**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **TR** Delete
 NAME **BANABY, BERNARD**
 STREET ADDRESS **915 WATER OAK DR NE**
 CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **VIVEIROS, CELINA S**
 STREET ADDRESS **310 CAVERN AVENUE S E**
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **BAZAN, VICTOR**
 STREET ADDRESS **1565 PAISLEY STREET NW**
 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **TOOMEY, JAMES J**
 STREET ADDRESS **4168 ENERSON DR SW**
 CITY-ST-ZIP **PALM BAY, FL 32908**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26-07 321-984-2777
 Date Daytime Phone #