

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36069

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** VICTORY ASSEMBLY OF GOD PALM BAY, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

1800 BLAINE STREET NE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

1800 BLAINE STREET NE  
PALM BAY, FL 32905

**New Mailing Address:**

**FEI Number:** 59-3146160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REV. EDWIN M. VIVEIROS  
310 CAVERN AVE. SE  
PALM BAY, FL 32909 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: T ( ) Delete  
Name: TOOMEY, DEBORAH  
Address: 4168 EMERSON DR SW  
City-St-Zip: PALM BAY, FL 32908

Title: TR ( ) Delete  
Name: VIVEIROS, EDWIN A REV.  
Address: 310 CAVERN AVENUE  
City-St-Zip: PALM BAY, FL 32909

Title: TR ( ) Delete  
Name: BANABY, BERNARD  
Address: 915 WATER OAK DR NE  
City-St-Zip: PALM BAY, FL 32905

Title: V ( ) Delete  
Name: VIVEIROS, CELINA S  
Address: 310 CAVERN AVENUE S E  
City-St-Zip: PALM BAY, FL 32909

Title: TR ( ) Delete  
Name: BAZAN, VICTOR  
Address: 1565 PAISLEY STREET NW  
City-St-Zip: PALM BAY, FL 32907

Title: T ( ) Delete  
Name: TOOMEY, JAMES J  
Address: 4168 EMERSON DR SW  
City-St-Zip: PALM BAY, FL 32908

**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:

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: DOMENIC H CALICCHIA

ACC

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date