

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 19, 2005 08:00 AM  
Secretary of State

DOCUMENT # N41915

1. Entity Name  
VICTORY WORD OF FAITH CHURCH, INC.



Principal Place of Business  
5470 DESOTO ROAD  
SARASOTA, FL 34243 US

Mailing Address  
PO BOX 561  
SARASOTA, FL 34730



02112005 No Chg-NP

CR2E037 (10/03)

4. FBI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN, JOSEPH JR  
6750 W. COUNTRY CLUB LANE  
SARASOTA, FL 34243

DO NOT WRITE  
IN THIS SPACE

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, 2005

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANT-DANIELS, DAVID
STREET ADDRESS	5408-16TH ST W.
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	D
NAME	GREEN, JOSEPH
STREET ADDRESS	915 SUNRIDGE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MGR
NAME	RHODES, SCHWANN
STREET ADDRESS	1616 25TH STREET
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	RHODES, ALBERT
STREET ADDRESS	1616 25TH STREET
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	O
NAME	GREEN, PEARLI
STREET ADDRESS	6750 W. COUNTRY CLUB LANE
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000316578  
04/19/05-80079-015 61.25

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

Date

Daytime Phone #

3/19/05 (941) 360-954