

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50026

FILED
Feb 15, 2007
Secretary of State

Entity Name: VICTORIOUS LIVING MINISTRIES INC.

Current Principal Place of Business:

250 N IVEY LANE
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 617199
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 59-3136196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, MARION V
8344 ROSE GROVES ROAD
ORLANDO, FL 32818 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: P () Delete
Name: MORGAN, VICTOR M
Address: 8344 ROSE GROVES ROAD
City-St-Zip: ORLANDO, FL 32818

Title: V () Delete
Name: MORGAN, SMITH
Address: 4838 EVANSTON RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: MORGAN, PAULA
Address: 8344 ROSE GROVES ROAD
City-St-Zip: ORLANDO, FL 32818

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR MORGAN

P

02/15/2007

Electronic Signature of Signing Officer or Director

Date