

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001134

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** VICTORY IN JESUS CHRIST TABERNACLE, INC.

**Current Principal Place of Business:**

419 SCHOOL DR.  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

909 PINE ST.  
IMMOKALEE, FL 33934

**New Mailing Address:**

**FEI Number:** 85-8013593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, MARGARET  
909 PINE SWT.  
IMMOKALEE, FL 33934 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: LEE, MARGARET  
Address: 909 PINE ST  
City-St-Zip: IMMOKALEE, FL

Title: T ( ) Delete  
Name: HALL, LUCY  
Address: 709 BREEZEWOOD DR.  
City-St-Zip: IMMOKALEE, FL 34142

Title: MC ( ) Delete  
Name: THOMAS, CLARETHA D  
Address: 18 JOHNS AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T ( ) Delete  
Name: DESMORE, ARLENE D  
Address: 116 RIVERA STREET  
City-St-Zip: LEHIGH ACRES, FL 33972

**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: TREASURER/ MARGARET M. LEE

MRS.

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date