## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DCCUMENT # N94000005565 03-16-2006 90246 041 \*\*\*\*61.25 VICTORIOUS LIFE WORSHIP CENTER, INC. Principal Place of Business Mailing Address 5973 VICTORIOUS LIFE PLACE P.O. BOX 1559 CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3216172 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CADENHEAD, DONALD L Street Address (P.O. Box Number is Not Acceptable) 5973 VICTORIOUS LIFE PLACE CESTVIEW FL 32536 City 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, typn8 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ■ Addition CADENHEAD, DONALD L NAME NAME 6047 BLUEBERRY LANE 3236 Twilight Dr STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP CITY - ST - ZIP STD **X** Delete Addition Change BARROW, TIMOTHY T NAME NAME 1187 SKEETER LANE STREET ADDRESS STREET ADDRESS BAKER FL 32531 CITY-ST-7IP CITY-ST-7IP Addition -Title 🗀 Treréle Tint T Unange CADENHEAD, JAMES E NAME NAME STREET ADDRESS 2780 HUGO LANE STREET ADDRESS CITY-ST-7IP CRESTVIEW FL 32539 CITY-ST-ZIP Addition ☐ Delete Change NAME ANDREWS, GREG STREET ADDRESS 5822 ANTLER WAY STREET ADDRESS CITY-ST-7IP CRESTVIEW FL 32536 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CADENHEAD, KAREN M NAME NAME Twilight Dr. tulew KC 32539 6047 BLUEBERRY LANE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-7IF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.

FILED

Mar 16, 2006 8:00 am