2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N94000005565

Entity Name: VICTORIOUS LIFE WORSHIP CENTER, INC.

Current Principal Place of Business:

5973 VICTORIOUS LIFE PLACE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1559
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3216172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADENHEAD, DONALD L
5973 VICTORIOUS LIFE PLACE
CESTVIEW, FL 32536 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:	PD	( ) Delete
Name:	CADENHEAD, DONALD L	
Address:	3236 TWILIGHT DR	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	STD	( ) Delete
Name:	CADENHEAD, KAREN M	
Address:	3236 TWILIGHT DR	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	D	( ) Delete
Name:	CADENHEAD, JAMES E	
Address:	2780 HUGO LANE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	D	( ) Delete
Name:	ANDREWS, GREG	
Address:	5822 ANTLER WAY	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	( ) Delete
Name:	CADENHEAD, KAREN M	
Address:	3236 TWILIGHT DR	
City-St-Zip:	CRESTVIEW, FL 32539	

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:	

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: DONALD L. CADENHEAD PD 03/30/2009

Electronic Signature of Signing Officer or Director — Date