

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002753

FILED
Mar 18, 2009
Secretary of State

Entity Name: VICTORY COMMUNITY CHURCH OF LOUGHMAN, INC.

Current Principal Place of Business:

2701 LA VISTA DR
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2701 LA VISTA DR
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3224939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORMAN, JAMES B JR
2701 LA VISTA DR
Y
HAINES CITY, FL 33844 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: NORMAN, JAMES B JR
Address: 2701 LAVISTA DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: CODY, LORA C
Address: 1603 POLK CITY RD
City-St-Zip: HAINES CITY, FL

Title: STD () Delete
Name: DUNN, EILEEN C
Address: 1603 POLK CITY RD
City-St-Zip: HAINES CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORMAN, JAMES B JR
Address: 2701 LAVISTA DRIVE
City-St-Zip: HAINES CITY, FL 33844 US

Title: D (X) Change () Addition
Name: CODY, LORA C
Address: 1603 POLK CITY RD
City-St-Zip: HAINES CITY, FL 33844 US

Title: STD (X) Change () Addition
Name: DUNN, EILEEN C
Address: 1603 POLK CITY RD
City-St-Zip: HAINES CITY, FL 33844 US

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: JAMES B. NORMAN, JR.

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date