2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002428

Title:

Name:

Address:

City-St-Zip:

SD

KENNEDY, TANYA

PO BOX 10482

() Delete

DAYTONA BEACH, FL 32120

FILED Mar 20, 2009 Secretary of State

Entity Name: VICTORY CHURCH OF GOD INC. **Current Principal Place of Business: New Principal Place of Business:** 1461 CONTINENTAL DRIVE HOLLY HILL, FL 32117 **Current Mailing Address: New Mailing Address:** 1461 CONTINENTAL DRIVE HOLLY HILL, FL 32117 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAFFIN, EDWARD BISHOP 1461 CÓNTINENTAL DRIVE HOLLY HILL, FL 32117 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAFFIN, EDWARD Name: Name: Address: 1461 CONTINENTIAL DR. Address: City-St-Zip: HOLLY HILL, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition KENNEDY, KEITH Name: Name: Address: PO BOX 10482 Address: City-St-Zip: DAYTONA BEACH, FL 32120 City-St-Zip: Title: () Delete Title: () Change () Addition DAFFIN, JENNIE V. Name: Name: 1461 CONTINENTIAL DR. Address: Address: City-St-Zip: HOLLY HILL, FL 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD DAFFIN PD 03/20/2009

() Change () Addition