## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002883

City-St-Zip:

ORLANDO, FL 32839

Entity Name: VICTORY PRAISE CENTER INC

FILED Aug 28, 2006 Secretary of State

Littly Na	ME. VICTORT FRAISE CENTER, INC.			
Current P	rincipal Place of Business:	New Principal Place o	of Business:	
	ITE CARLO TRAIL ), FL 32805			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
P.O. BOX ORLANDO	555160 D, FL 328555160			
	: 59-3554457 FEI Number Applied For ( ice with s. 607.193(2)(b), F.S., the corporation of	did not receive the prior notice.	Certificate of Status Desired ( )	
Name and	l Address of Current Registered Agen	t: Name and Address of	New Registered Agent:	
2840 MON ORLANDO	WILLIE L JR ITE CARLO TRAIL D, FL 32805 US e named entity submits this statement for	the purpose of changing its registered	office or registered agent, or both.	
	e of Florida.	p p	emes an regression angless, an areas,	
SIGNATU	RF <sup>.</sup>			
	Electronic Signature of Registered	d Agent	 Date	
OFFICERS AND DIRECTORS:		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	S AND DIRECTORS.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CPD ( ) Delete DOUGLAS, RALPH 2164 LAKE SUNSET DRIVE ORLANDO, FL 32805	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD () Delete GRIFFIN, WILLIE L JR 2840 MONTE CARLO TRAIL ORLANDO, FL 32805	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete BOWLES, BOBBY 2614 LK. SUNSET DR. ORLANDO, FL 32805	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete SHAZIER, NATHANIEL 4432 KING COLE BLVD ORLANDO, FL 32805	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D () Delete MARINE, JAMES	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: RALPH E DOUGLAS CPD 08/28/2006