2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002883

Entity Name: VICTORY PRAISE CENTER, INC.

FILED Feb 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2840 MONTE CARLO TRAIL ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

P.O. BOX 555160 ORLANDO, FL 328555160

FEI Number: 59-3554457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFIN, WILLIE L JR DOUGLAS, RALPH CPD

2840 MONTE CARLO TRAIL 6031 AUGÚSTA NATIONAL DR. #314

ORLANDO, FL 32805 ORLANDO, FL 32822 US

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: RALPH DOUGLAS 02/24/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ORLANDO, FL 32839

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CPD (X) Change () Addition () Delete DOUGLAS, RALPH GRIFFIN, WILLIE Name: Name:

2164 LAKE SUNSET DRIVE Address: 2840 MONTE CARLO TRAIL Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Title: VD Title: (X) Change () Addition () Delete GRIFFIN, WILLIE L JR Name: MORGAN, RAYMOND Name:

Address: 2840 MONTE CARLO TRAIL Address: 264 TWELVE LEAGUE CIR. City-St-Zip: ORLANDO, FL 32805 City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete Title: (X) Change () Addition FRAZIER, JONTHAN

BOWLES, BOBBY Name: Name: 2614 LK. SUNSET DR. 13130 EMERALD COAST DRIVE #202 Address:

Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Title: TD () Delete Title: TD (X) Change () Addition Name: SHAZIER, NATHANIEL Name: SHAZIER, NATHANIEL 4432 KING COLE BLVD Address: Address: P O BOX 555160

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Title: () Delete Title: () Change () Addition MARINE, JAMES Name: Name: 2581 BLUEGILL STREET Address: Address:

Title: () Delete Title: () Change () Addition

NORMAN, CAREY Name: Name: Address: 469 WINDING HOLLOW AVE. Address: OCOEE, FL 34761 City-St-Zip: 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.

City-St-Zip:

SIGNATURE: RALPH DOUGLAS CPD 02/24/2008