

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90073 035 ****61.25

20017516



02242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000003534 1. Entity Name VICTORY IN HIS WORD, INC.					
Principal Place of Business 19620 HAMPTON DRIVE BOCA RATON, FL 33434			Mailing Address 19620 HAMPTON DRIVE BOCA RATON, FL 33434		
2. Principal Place of Business 3610 Edgar Ave. Suite, Apt. #, etc. <u>0</u>		3. Mailing Address 3610 Edgar Ave. Suite, Apt. #, etc. <u>0</u>			
City & State Boynton Beach, FL Zip 33436 Country USA		City & State Boynton Beach, FL Zip 33436 Country USA		4. FEI Number 65-0760545	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ETKIE, RICHARD A 19620 HAMPTON DRIVE BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name Murilla Behrer Street Address (P.O. Box Number is Not Acceptable) 3610 Edgar Ave. City Boynton Beach, FL Zip Code 33436		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Murilla Behrer</u> <u>Murilla Behrer 02-24-05</u> <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ETKIE, RICHARD A 19620 HAMPTON DRIVE BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Jack Aufderheide 424 Michigan Place West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ETKIE, DEBRA 19620 HAMPTON DRIVE BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD James Leary 3332 Cat Cay Rd. Lake Worth, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEHRER, MURILLA 3610 EDGAR AVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUFDERHEIDE, MICHELE 424 MICHIGAN PL. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEARY, JAMES 3332 CAT CAY RD LAKE WORTH, FL 33482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Murilla Behrer</u> <u>Murilla Behrer 02/24/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					