2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

08 JUN -9 AH 6: 40 DOCUMENT # N97000003534 DESKLIMNI ÖF STATE VICTORY IN HIS WORD, INC. FALLAHASSEE, FLORIDA Principal Place of Business Malling Address 3610 EDGARE AVE 3610 EDGARE AVE BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business - No P.O. Box Mailing Address 500 Barwie 863 Suite, Apt. #, etc. Suite, Apt. #, etc. FEI Number 65-0760545 City & State City & State Applied For Not Applicable \$8.75 Additional П 5. Certificate of Status Desired 33437 LSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEHRER, MURILLA 3610 EDGAR AVE Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 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. Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE Change Hand, Alyce 8863 Jaspers Drive NAME HAND, ALYCE NAME STREET ADDRESS 8863 JASPERS DR STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-7/P CITY-ST-ZIP Boynton Beach FL 33436 SD TITLE ☐ Defete TITLE ☐ Addition Leary James 3832 Cat Cay Rd NAME LEARY, JAMES NAME STREET ADDRESS 3832 CAT CAY RD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33462 Lake Worth, FL 33462 CITY-ST-7IP TO TITLE ☐ Delete TITLE (Change ☐ Addition Behrer, Murilla 3610 Edgar Ave NAME BEHRER, MURILLA NAME STREET ADDRESS 3610 EDGAR AVE STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP Boynton Beach D TITLE Delete TITLE ☐ Change ☐ Addition LEARY, JAMES NAME NAME STREET ADDRESS 3332 CAT CAY RD STREET ADDRESS CITY-ST-7/P LAKE WORTH, FL 33462 CITY-ST-ZIP \$\$297_SB TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED