

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003534

FILED
Feb 04, 2009
Secretary of State

Entity Name: VICTORY IN HIS WORD, INC.

Current Principal Place of Business:

500 BARWICK RD
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

8863 JASPERS DRIVE
BOYNTON BEACH, FL 33437

New Mailing Address:

8863 JASPERS DR
BOYNTON BEACH, FL 33437 US

FEI Number: 65-0760545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, ALYCE
8863 JASPERS DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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:

Title: DST () Delete
Name: HAND, ALYCE
Address: 8863 JASPERS DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DP () Delete
Name: LEARY, JAMES
Address: 3832 CAT CAY RD
City-St-Zip: LAKE WORTH, FL 33462

Title: D () Delete
Name: BEHRER, MURILLA
Address: 3610 EDGAR AVE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: HAND, ALYCE
Address: 8863 JASPERS DR
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: DP (X) Change () Addition
Name: LEARY, JAMES M
Address: 244 BEVERLY RD
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: S (X) Change () Addition
Name: MCCLINTON, MARY L
Address: 6118 WINFIELD BLVD
City-St-Zip: MARGATE, FL 33063 US

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.

SIGNATURE: JAMES LEARY

DP

02/04/2009

Electronic Signature of Signing Officer or Director

Date