

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004249

FILED
Apr 27, 2005
Secretary of State

Entity Name: WORD OF VICTORY MINISTRIES, INC.

Current Principal Place of Business:

10960 SW 71 LN
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10960 SW 71 LN
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0931747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVILANES, CAROLINA
10960 SW 71 LN
MIAMI, FL 33173 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: PSD () Delete
Name: GAVILANES, CAROLINA
Address: 10960 SW 71 LN
City-St-Zip: MIAMI, FL 33173

Title: VTD () Delete
Name: TORRES, GRACE L
Address: 10960 SW 71 LN
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: BEDOYA, LUZ A
Address: 10960 SW 71 LN
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLINA GAVILANES

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date