2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004
Secretary of State

DOCUMENT# N98000005732

Entity Name: VICTORIOUS LIVING CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2625 BARRA AVE
SUITES I AND K
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2154
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3535142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, JOHN
3690 HICKORY PARK DR
TITUSVILLE, FL 32780 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: D ( ) Delete
Name: JENKINS, JOHN SR.
Address: 3690 HICKORY PARK DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: JENKINS, MARIE
Address: 3690 HICKORY PARK DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: SCHOONOVER, TERRY
Address: 5065 ARECA PALM STREET
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: MORRISON, NINA
Address: 3006 PEMBROKE ROAD
City-St-Zip: TITUSVILLE, FL 32796

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:

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: NINA M. MORRISON D 09/02/2004

Electronic Signature of Signing Officer or Director — Date