

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007286

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** VICTORIOUS LIFE CENTER INC.

**Current Principal Place of Business:**

240 NORTH IVEY LANE  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 617199  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 59-3544995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MORGAN, DR. VICTOR TH.D  
240 NORTH IVEY LANE  
ORLANDO, FL 32811 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:** PD  
**Name:** MORGAN, DR. VICTOR TH.D.  
**Address:** 8344 ROSE GROVES ROAD  
**City-St-Zip:** ORLANDO, FL 32818

**Title:** DV  
**Name:** ROBINSON, LAKISHA B.S.  
**Address:** 4603 HAZELGROVE DR  
**City-St-Zip:** ORLANDO, FL 32818

**Title:** TD  
**Name:** ROBINSON, CORRY B.S.  
**Address:** 4603 HAZELGROVE DR.  
**City-St-Zip:** ORLANDO, FL 32818

I hereby 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 all other like empowered.

**SIGNATURE:** LAKISHA ROBINSON

DV

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date