

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001776

FILED
May 15, 2007
Secretary of State

Entity Name: VICTORY MINISTRIES ORGANIZATION, INC.

Current Principal Place of Business:

1967 SW SYLVESTER LANE
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7847
PT. ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KENDALL, RICHARD L
1967 SW SYLVESTER LANE
PORT SAINT LUCIE, FL 34984 US

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 () Delete
Name: KENDALL, RICHARD L
Address: 1967 SW SYLVESTER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VPD () Delete
Name: KENDALL, ELIZABETH
Address: 1967 SW SYLVESTER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD () Delete
Name: KENDALL, ELIZABETH
Address: 1967 SW SYLVESTER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD () Delete
Name: TEEPE, MARK W
Address: 1974 PRIMROSE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: TEEPE, TERESA
Address: 1974 PRIMROSE LANE
City-St-Zip: WELLINGTON, FL 33414

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:

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

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: RICHARD KENDALL

PD

05/15/2007

Electronic Signature of Signing Officer or Director

_____ Date