| Current Mailing Address: | | | | |
|--|--|-----------------|-------------------------------|--|
| P.O. BOX 29 PORT ORAN | 1075 IGE, FL 32129-1075 | | | |
| FEI Number | : 59-3579057 | | Certificate of Status Desired | |
| Name and Address of Current Registered Agent: | | | | |
| VICTORIOUS L 3489 S CLYDE PORT ORANGE | | | | |
| 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 | | | |
| Officer/Director Detail : | | | | |
| Title | ST | Title | D | |
| Name | CARR, LOIS M | Name | LINDLEY, JOHN | |
| Address | P.O. BOX 290334 | Address | 4737 CHARDONNAY LN | |
| City-State-Zip: | PORT ORANGE FL 32129 | City-State-Zip: | PORT ORANGE FL 32129 | |
| Title | PC | Title | D | |
| | | | | |

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.

Name

Address

City-State-Zip:

SIGNATURE: THOMAS FINKEN

Electronic Signature of Signing Officer/Director Detail

Entity Name: VICTORIOUS LIFE CHURCH OF PORT ORANGE, FLORIDA, INC.

Current Principal Place of Business:

FINKEN, THOMAS

SALICRUP. ISMAEL 1514 SAN JOSE BLVD.

5968 PLANTERA COURT

PORT ORANGE FL 32127

3489 S. CLYDE MORRIS BLVD PORT ORANGE, FL 32129

Name

Title

Name

Address

Address

City-State-Zip:

D

City-State-Zip: HOLLY HILL FL 32117

Desired: No

Date

Date

02/14/2014

PASTOR

MUELLER, HELEN

6489 CYPRESS SPRINGS PKWY

PORT ORANGE FL 32128