

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009392

Entity Name: VICTORIOUS LIFE CHURCH OF PORT ORANGE, FLORIDA, INC.**Current Principal Place of Business:**3489 S. CLYDE MORRIS BLVD
PORT ORANGE, FL 32129**Current Mailing Address:**P.O. BOX 291075
PORT ORANGE, FL 32129-1075**FEI Number: 59-3579057****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VICTORIOUS LIFE CHURCH
3489 S CLYDE MORRIS BLVD
PORT ORANGE, FL 32129 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**Officer/Director Detail :**

Title PRESIDENT, PASTOR, CHAIRMAN
Name FINKEN, THOMAS
Address 5968 PLANTERA COURT
City-State-Zip: PORT ORANGE FL 32127

Title SECRETARY, TREASURER, DEACON
Name CRANE, RICHARD
Address 705 BRANCH DRIVE
City-State-Zip: PORT ORANGE FL 32127

Title DEACON
Name SALICRUP, ISMAEL
Address 1514 SAN JOSE BLVD.
City-State-Zip: HOLLY HILL FL 32117

Title DEACON
Name FINKEN, SAMUEL
Address 229 HAVERSHAM ROAD
City-State-Zip: DELTONA FL 32725

Title DEACON
Name HAIRE, RANDY
Address 103 LINDA ROAD
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: THOMAS FINKEN**PASTOR****02/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date