

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90221 026 ****75.00

DOCUMENT # N02000009860	
1. Entity Name VICTORIOUS PRAISE AND WORSHIP OUTREACH MINISTRIES, INC.	

Principal Place of Business 6257 N.W. 18TH AVENUE MIAMI FL 33147	Mailing Address 16041 N.W. 18TH COURT MIAMI FL 33054
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2. Principal Place of Business 11021 N.W. 27 Avenue	3. Mailing Address 16041 N.W. 18th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Florida	City & State Miami, Florida
Zip 33147	Zip 33054
Country U.S.A.	Country U.S.A.



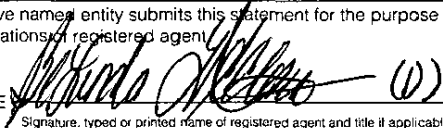
MOORE CR2E037 (11/03)

4. FEI Number 76-0726284	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCLAIN, BELINDA 16041 N.W. 18TH COURT MIAMI FL 33054	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (D) **DATE:** 3/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

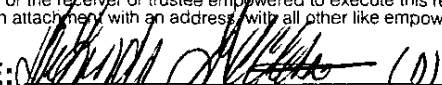
FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME MCCLAIN, BELINDA STREET ADDRESS 16041 N.W. 18TH COURT CITY - ST - ZIP MIAMI FL 33054	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE T	NAME SMITH, VIRGINIA G STREET ADDRESS 7521 ORLEANS STREET CITY - ST - ZIP MIRAMAR FL 33023	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE T	NAME GATES, DAISY STREET ADDRESS 4051 N.W. 198TH COURT CITY - ST - ZIP CAROL CITY FL 33055	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
☐ Delete		☐ Change ☐ Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
☐ Delete		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  (D) **DATE:** 3/29/04 **Daytime Phone #:** (305) 624-5891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR