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

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1. Entity Name

VICTORIOUS PRAISE AND WORSHIP OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
6257 N.W. 18TH AVENUE MIAMI FL 33147	16041 N.W. 18TH COURT MIAMI FL 33054

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
11021 N.W. 27 Avenue	16041 N.W. 18th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami, Florida
Zip: 33147 Country: U.S.A.	Zip: 33054 Country: U.S.A.

4. FEI Number: 76-0726284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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

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: [signature] (D) 3/29/04

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

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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLAIN, BELINDA 16041 N.W. 18TH COURT MIAMI FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, VIRGINIA G 7521 ORLEANS STREET MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GATES, DAISY 4051 N.W. 198TH COURT CAROL CITY FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] (D) 3/29/04 (305)624-5891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #