

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 025 ****75.00

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1. Entity Name

VICTORIOUS PRAISE AND WORSHIP OUTREACH
MINISTRIES, INC.



Principal Place of Business

11021 N.W. 27 AVENUE
MIAMI FL 33147

Mailing Address

16041 N.W. 18TH COURT
MIAMI FL 33054



2. Principal Place of Business

11021 N.W. 27th Avenue
Suite, Apt. #, etc.

3. Mailing Address

16041 N.W. 18th Ct
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

MIAMI, Florida
33147 U.S.A.

City & State

MIAMI, Florida
33054 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

Belinda McClain

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D
NAME MCCLAIN, BELINDA
STREET ADDRESS 16041 N.W. 18TH COURT
CITY-ST-ZIP MIAMI FL 33054 ☐ Delete

TITLE T
NAME SMITH, VIRGINIA G
STREET ADDRESS 7521 ORLEANS STREET
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE T
NAME GATES, DAISY
STREET ADDRESS 4051 N.W. 198TH COURT
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Belinda McClain

3/6/06 (305)624-5891