


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90129 036 ****61.25

DOCUMENT # N00000008467 1. Entity Name VICTORY IS YOURS MINISTRIES, INC.	
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Principal Place of Business 335 GRIFFIN AVE. LAKELAND, FL 33801	Mailing Address 335 GRIFFIN AVE. LAKELAND, FL 33801 P.O. Box 2612 Eaton Park FL 33840
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

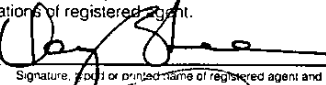
4. FEI Number 59-3691319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, NANCY B
335 GRIFFIN AVENUE
LAKELAND, FL 33801

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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  Nancy B. Lee DATE 04-14-2005

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

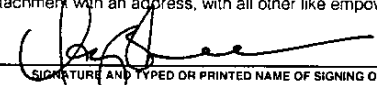
**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, NANCY B 335 GRIFFIN AVE. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAMPBELL, RHONDA 340 GRIFFITH AVE LAKELAND, FL 33840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  01-07-05 863-665-4885

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