

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N46182</b> 1. Entity Name <b>VICTORY CHRISTIAN WORLD MINISTRIES INC.</b>				 <div style="text-align: right; font-size: 1.2em; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 0.9em;">05 AUG 23 PM 3:16</div> <div style="text-align: right; font-size: 0.8em;">SECRETARY OF STATE</div> <div style="text-align: right; font-size: 0.8em;">2nd MOORE CR2E037 (5/05)</div>	
Principal Place of Business <b>7457 NW 57 STREET TAMARAC FL 33069</b>				Mailing Address <b>P O BOX 190041 FORT LAUDERDALE FL 33313</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>65-0303727</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILLIAMS, SHERNET 7400 NW 37TH ST. LAUDERHILL FL 33313</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WILLIAMS, STEDROY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5844 NW 21 ST	NAME			
STREET ADDRESS	LAUDERHILL FL 33313	STREET ADDRESS			
CITY-ST-ZIP	VPD	CITY-ST-ZIP			
TITLE	WILLIAMS, SHERNET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5844 NW 21 ST	NAME			
STREET ADDRESS	LAUDERHILL FL 33313	STREET ADDRESS			
CITY-ST-ZIP	SD	CITY-ST-ZIP			
TITLE	BLUNT, ALBERTA <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	1030 N.W. 26 AVE.	NAME	<b>OLIVIA BRADFORD</b>		
STREET ADDRESS	FT. LAUDERDALE FL 33311	STREET ADDRESS	<b>7891 NW 53 CRT</b>		
CITY-ST-ZIP	TD	CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>		
TITLE	LEWIS, VINNETTE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4901 N.W. 72 AVE.	NAME			
STREET ADDRESS	LAUDERHILL FL 33319	STREET ADDRESS			
CITY-ST-ZIP	T	CITY-ST-ZIP			
TITLE	SMITHEN, HENRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2469 WILEY CRT.	NAME	<b>5000588930</b>		
STREET ADDRESS	HOLLYWOOD FL 33020	STREET ADDRESS	<b>08/23/05--01047--002 **70.00</b>		
CITY-ST-ZIP	D	CITY-ST-ZIP			
TITLE	BEEROM, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	1324 S.W. 47 AVE.	NAME	<b>NETHANEEL DYER</b>		
STREET ADDRESS	FT. LAUDERDALE FL 33317	STREET ADDRESS	<b>2518 ALCAZAR DR</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>		
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: _____ <span style="float: right; font-size: 1.5em;">8-8-05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					