

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46182**

1. Entity Name  
**VICTORY CHRISTIAN WORLD MINISTRIES INC.**



Principal Place of Business  
**7457 NW 57 STREET  
TAMARAC, FL 33069**

Mailing Address  
**P O BOX 190041  
FORT LAUDERDALE, FL 33313**



09062006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0303727**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, SHERNET  
7400 NW 37TH ST.  
LAUDERHILL, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 15, 2006**

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  
WILLIAMS, STEDROY  
5844 NW 21 ST  
LAUDERHILL, FL 33313**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WILLIAMS, SHERNET  
5844 NW 21 ST  
LAUDERHILL, FL 33313**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BRADFORD, OLIVIA  
7891 NW 53RD CRT.  
LAUDERHILL, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
LEWIS, VINNETTE  
4901 N.W. 72 AVE.  
LAUDERHILL, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SMITHEN, HENRY  
2469 WILEY CRT.  
HOLLYWOOD, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DYER, NETHANEEL  
2518 ALCAZAR DR.  
MIRAMAR, FL 33023**

U00000576554  
09/08/06-80004-007 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_