NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 03, 2003 8:00 am
Secretary of State
03-20-2003 90096 031 ****61.25

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DOCUMENT # N00000008467

1. Entity Name
Victory is Yours Ministries Inc

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
335 Griffin Ave	335 Griffin Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33801 Country: Polk USA	Zip: 33801 Country: USA

4. FEI Number: 59-3691319 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: NANCY B Lee

Street Address (P.O. Box Number is Not Acceptable): 335 Griffin Ave

City: Lakeland FL Zip Code: 33801

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

FEE IS $61.25
Initial or Amended UBR

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	P/D
NAME	Nancy B. Lee
STREET ADDRESS	335 Griffin Ave
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	~~Vice President~~ V/D
NAME	Tammy Holton
STREET ADDRESS	4826 Dunn Rd
CITY-ST-ZIP	33813 Lakeland FL
TITLE	~~S/D~~ S/D
NAME	Rhonda Campbell
STREET ADDRESS	340 Griffin Ave
CITY-ST-ZIP	Lakeland Fl 33840
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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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy B Lee NANCY B. Lee 03/14/2003 863-665-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #