

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

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 720600

1. Entity Name
VICTORY FELLOWSHIP MINISTRIES, INCORPORATED



Principal Place of Business
13355 N.E. 1ST ST RD.
SILVER SPRINGS, FL 34488 US

Mailing Address
13355 NE 1ST ST RD
SILVER SPRINGS, FL 34488 US



01262006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-0867193

Applied For
(Not Applicable)

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LENNON, JEAN
13355 NE 1ST RD.
SILVER SPRINGS, FL 34488

**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 May 1, 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
LENNON, TIMOTHY
13355 N.E. 1ST. ST. RD.
SILVER SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LENNON, JEAN
13355 N.E. 1ST. ST. RD.
SILVER SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LENNON, MAXINE
812 SO MEADE #307
COLORADO SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Timothy Lennon (Timothy Lennon)*

Feb 8 2006 (352) 625-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #