

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

DOCUMENT # 741240

1. Entity Name

MILTON VICTORY MINISTRIES INCORPORATED



02-04-2004 90094 001 *****61.25

02-04-2004 90094 002 *****8.75

Principal Place of Business

**7235 HIGHWAY 90 EAST
MILTON FL 32583**

Mailing Address

**7235 HIGHWAY 90 EAST
MILTON FL 32583**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2457355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAUGHT, CLAUDIA
2527 JONES STREET
MILTON FL 33570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 CLAUDIA RAUGHT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **D** ☒ Delete
NAME **BERRY, LARRY**
STREET ADDRESS **3924 WARD BASIN ROAD**
CITY-ST-ZIP **MILTON, FL 00000**

TITLE **ST** ☒ Delete
NAME **BERRY, DANA KAY**
STREET ADDRESS **3924 WARD BASIN RD.**
CITY-ST-ZIP **MILTON, FL 00000**

TITLE **D** ☐ Delete
NAME **BRAMWELL, RONALD**
STREET ADDRESS **700 OUTER DR**
CITY-ST-ZIP **MILTON, FL 00000 32570**

TITLE **D** ☐ Delete
NAME **TOOMEY, JOSEPH**
STREET ADDRESS **6457 KEMBRO RD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VP** ☐ Delete
NAME **RAUGHT, CLAUDIA**
STREET ADDRESS **2527 JONES ST.**
CITY-ST-ZIP **MILTON, FL 00000**

TITLE **P** ☐ Delete
NAME **RAUGHT, FRED**
STREET ADDRESS **2527 JONES ST.**
CITY-ST-ZIP **MILTON FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **McCleary, Richard**
STREET ADDRESS **5419 Hollow Oak Ln.**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **S** ☒ Change ☐ Addition
NAME **Davis, Monica**
STREET ADDRESS **4460 Galt City Rd.**
CITY-ST-ZIP **Milton, FL 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: CLAUDIA RAUGHT Claudia Raught

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-04