## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 741240** Feb 05, 2007 08:00 AM **Secretary of State** MILTON VICTORY MINISTRIES INCORPORATED Principal Place of Business Mailing Address 7235 HIGHWAY 90 EAST MILTON FL 32583 7235 HIGHWAY 90 EAST MILTON FL 32583 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-2457355 Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAUGHT, CLAUDIA Stroot Address (P.O. Box Number is Not Acceptable) 2527 JONES STREET MILTON FL 33570 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TILLE ☐ Change מ ☐ Addition NAME. NAME. MCCLEERY, RICHARD U00000624435 02/14/07-80033-001 61,25 STREET ADDRESS 5419 HOLLOW OAK LN STREET ADDRESS CHY-SI-7IP MILTON FL 32571 CITY-ST-ZIP THILE Delete HILL ☐ Change Addition NAME MCPHERSON, RHONDA NAME U00000624435 02/14/07-80033-002 8.75 STREET ADDRESS STREET ADDRESS 3553 FALLING BROOK CT CITY-SI-ZIP MILTON FL 32583 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME. NAME MCPHERSON, JOHN STREET ADDRESS STRITT ADDRESS 3553 FALLING BROOK CT CHV-S1-7IP MILTON FL 32583 CITY-ST-ZIP TITLE ☐ Delele HILL ☐ Change Addition D NAMI NAME TOOMEY, JOSEPH STREET ADDRESS STREET ADDRESS 6457 KEMBRO RD CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 TITLE ☐ Delete ☐ Change Addition TITLE NAME RAUGHT, CLAUDIA NAMI STREET ADDRESS 2527 JONES ST. STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP MILTON, FL 00000 \_\_\_ Change ☐ Addition IIII. Delete TITLE NAME RAUGHT, FRED NAME STREET ADDRESS 2527 JONES ST. STREET ADDRESS CITY-ST-7IP MILTON FL CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

Fred RAught 1-31-07 450 623 683

**FILED**