2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-08-2001 90106 032 ****61.25
03-29-2001 90026 050 ****61.25

DOCUMENT # N00000008467

1. Entity Name
VICTORY IS YOURS MINISTRIES, INC.

Principal Place of Business	Mailing Address
335 GRIFFIN AVE. LAKELAND FL 33801	335 GRIFFIN AVE. LAKELAND FL 33801

A0039001

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAWOSCINSKI, VICKI A 140 FISH HATCHERY RD. LAKELAND FL 33801	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.

SIGNATURE: Nancy B Lee 03-06-2001
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	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, NANCY B 335 GRIFFIN AVE. LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLTON, TAMMY P.O. BOX 1731 EATON PARK FL 33840-1731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGEE, CARL 1212 CINNAMON WAY LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

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: Nancy B Lee NANCY B. LEE 03-06-2001 863-665-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #