

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-20-2003 90096 031 ****61.25

DOCUMENT # *N00000008467*

1. Entity Name

Victory is Yours Ministries Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

335 GRIFFIN AVE

3. Mailing Address

335 GRIFFIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33801

Country

POK 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 BLEE

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

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

DATE

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	<i>P/D</i>
NAME	<i>NANCY B. LEE</i>
STREET ADDRESS	<i>335 GRIFFIN AVE</i>
CITY-ST-ZIP	<i>Lakeland, FL 33801</i>
TITLE	<i>Tammy Horton V/D</i>
NAME	<i>Tammy Horton</i>
STREET ADDRESS	<i>4826 Dunn Rd</i>
CITY-ST-ZIP	<i>33613 Lakeland FL</i>
TITLE	<i>SP</i>
NAME	<i>Rhonda Campbell</i>
STREET ADDRESS	<i>340 GRIFFIN AVE</i>
CITY-ST-ZIP	<i>Lakeland FL 33801</i>
TITLE	
NAME	
STREET ADDRESS	
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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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2003

Date

863-665-4885

Daytime Phone #

CR2E037B (12/02)