2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-03-2005 90128 015 ****70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 12 AM 10: 32

DOCUMENT # N01000001157

1. Entity Name

VICTORY WORLD OVERCOMING FAITH MINISTRIES, INC.

Principal Place of Business	Mailing Address
2041 W HOWARD PLACE CITRA SPRINGS FL 34434	2041 W HOWARD PLACE CITRA SPRINGS FL 34434

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
20263 S.W. 86th Loop	20263 SW 86th Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunnellon, FL	City & State: Dunnellon, FL
Zip: 34431 Country: Marion	Zip: 34431 Country: Marion

4. FEI Number 65-1055371 ☐ 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
SAWYER, STEVEN 2041 W HOWARD PL CITRA SPRINGS FL 34434	Name Street Address (P.O. Box Number is Not Acceptable): 20263 SW 86th Loop City: Dunnellon FL Zip Code: 34431

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: STEVEN SAWYER Steven Sawyer 4/29/05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAWYER, STEVEN 2041 W HOWARD PL CITRA SPRINGS FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SAWYER, CLOVIS 2041 W HOWARD PL CITRA SPRINGS FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MC CUTHEN, VENUS 18200 NW 20 AVE APT #12 MIAMI FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, ESTELLA 9 BAHIA PL LOOP OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, CASSIE S BISHOP 1051 NW 62 ST MIAMI FL 33150	☑ 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

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: Clovis Sawyer Clovis Sawyer 4/29/05 (352) 489-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #