

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

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90042 025 \*\*\*\*61.25

**DOCUMENT # N01000003917**

1. Entity Name

VICTORY MISSION MINISTRY, INC.



Principal Place of Business

PO BOX 10540  
BROOKSVILLE FL 34603-0540

Mailing Address

PO BOX 10540  
BROOKSVILLE FL 34603-0540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3721838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, LINDA W  
9040 KINDLEWOOD TRAIL  
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

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

*Linda W. Carroll*

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 DP  
NAME CARROLL, LINDA W  
STREET ADDRESS PO BOX 10540  
CITY-ST-ZIP BROOKSVILLE FL 34603-0540 ☐ Delete

TITLE DS  
NAME PARSON, RANDY  
STREET ADDRESS 17447 BATHURST AVE  
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

TITLE DT  
NAME BECK, HARRIET  
STREET ADDRESS 9040 KINDLEWOOD TRAIL  
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE D  
NAME PARSON, LORA  
STREET ADDRESS 17447 BATHURST AVE  
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Linda W. Carroll*

Date

Daytime Phone #

3-24-04 352-799-4224