## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2006 8:00 am DOCUMENT # N01000003917 **Secretary of State** 1. Entity Name 03-14-2006 90016 046 \*\*\*\*61.25 VICTORY MISSION MINISTRY, INC. Principal Place of Business Mailing Address PO BOX 10540 --BROOKSVILLE FL 34803-0540 --PO BOX 10540 BROOKSVILLE FL 34603-0540 977 West Jefferson Ave. Brooksville, Florida 34601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3721838 Not Applicable Zip Country Zip 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 CARROLL, LINDA W 9040 KINDLEWOOD TRAIL BROOKSVILLE FL 34613 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulied when reinstalling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition ☐ Delete TITLE CARROLL, LINDA W NAME STREET ADDRESS PO BOX 10540 STREET ADDRESS BROOKSVILLE FL 34603-0540 CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Delete TITLE ☐ Change Addition WARD, IRENE NAME NAME 26271 LAKE LINDSEY RD STREET ADDRESS STREET ADDRESS BROOKSVILLE FL 34601 CITY-ST-7iP CITY-ST-716 TITLE DT □ Delete TITLE Channa Addition BECK, HARRIET NAME NAME STREET ADDRESS 9040 KINDLEWOOD TRAIL STREET ADDRESS CITY-ST-7IP **BROOKSVILLE FL 34613** CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition **GUTHRIE, JOYCE** NAME NAME STREET ADDRESS 4203 COURTS COURT STREET ADDRESS CITY-ST-78P SPRING HILL FL 34609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Rosalie GOWAN 6046 Kentucky Ave. New Port Richey, Flg. 34653 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

**FILED**