

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90112 026 \*\*\*\*61.25

**DOCUMENT # N01000003917**

1. Entity Name



VICTORY MISSION MINISTRY, INC.

Principal Place of Business

977 WEST JEFFERSON AVE  
BROOKSVILLE FL 34601

Mailing Address

PO BOX 10540  
BROOKSVILLE FL 34603-0540



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3721838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

CARROLL, LINDA W  
977 WEST JEFFERSON AVE  
BROOKSVILLE FL 34601

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

*President + Rev. Linda W. Carroll*

*1/26/07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	CARROLL, LINDA W	
STREET ADDRESS	PO BOX 10540	
CITY- ST- ZIP	BROOKSVILLE FL 34603-0540	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WARD, IRENE	
STREET ADDRESS	26271 LAKE LINDSEY RD	
CITY- ST- ZIP	BROOKSVILLE FL 34601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BECK, HARRIET	
STREET ADDRESS	9040 KINDLEWOOD TRAIL	
CITY- ST- ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOWAN, ROSALIE	
STREET ADDRESS	6046 KENTUCKY AVE	
CITY- ST- ZIP	NEW PORT RICHEY FL 34853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Rosalie Gowan
STREET ADDRESS	6061 Alderwood Ave
CITY- ST- ZIP	Spring Hill, Fla. 34607
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 917, 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: PRESIDENT**  
*Rev. Linda W. Carroll*

*Rev. Linda W. Carroll* 352-  
799-2744