

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 029 ****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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARROLL, LINDA W 977 WEST JEFFERSON AVE BROOKSVILLE FL 34601			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 <i>Rev. Linda W. Carroll</i> - President <i>1/28/08</i> Rev. Linda W. Carroll (NOTE: Registered Agent signature is required when registering) DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008			9. Election Campaign Financing ☐ \$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	DP CARROLL, LINDA W PO BOX-10540 BROOKSVILLE FL 34603-0540	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARD, IRENE 26271 LAKE LINDSEY RD BROOKSVILLE FL 34601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BECK, HARRIET 9040 KINDLEWOOD TRAIL BROOKSVILLE FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOWAN, ROSALIE 6046 KENTUCKY AVE NEW PORT RICHEY FL 34653	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOWAN, ROSALIE 6061 ALDERWOOD AVE SPRING HILL FL 34607	☐ 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 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.

SIGNATURE: *Rev. Linda W. Carroll* PRESIDENT *1/28/08* 352-799-4224