2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N01000003917

Entity Name: VICTORY MISSION MINISTRY, INC.

Current Principal Place of Business:

977 WEST JEFFERSON AVE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

PO BOX 10540
BROOKSVILLE, FL 346030540

New Mailing Address:

FEI Number: 59-3721838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, LINDA W
977 WEST JEFFERSON AVE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	CARROLL, LINDA W	
Address:	PO BOX 10540	
City-St-Zip:	BROOKSVILLE, FL 346030540	
Title:	DS	( ) Delete
Name:	WARD, IRENE	
Address:	26271 LAKE LINDSEY RD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	DT	( ) Delete
Name:	BECK, HARRIET	
Address:	9040 KINDLEWOOD TRAIL	
City-St-Zip:	BROOKSVILLE, FL 34613	
Title:	D	( ) Delete
Name:	GOWAN, ROSALIE	
Address:	6061 ALDERWOOD AVE	
City-St-Zip:	SPRING HILL, FL 34607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA W CARROLL P 04/29/2009

Electronic Signature of Signing Officer or Director — Date