

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

04-25-2003 90276 033 ****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**

55041404



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3721838**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUDESTEDT, BIRGIT
13194 SPRING HILL DR
SPRING HILL FL 34609**

Name **Linda W Carroll**
Street Address **9040 Kindewood Trail**
City **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 *Linda W. Carroll*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 employees.

SIGNATURE:

Linda W. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

DATE

352-799-2744
DAYTIME PHONE #

CR2E037 (10/02)