

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

DOCUMENT # **N0100003917**

1. Entity Name

VICTORY MISSION MINISTRY, INC.



4/

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

04-25-2003 90276 033 ****61.25

55041404



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3721838	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUDESTEDT, BIRGIT
13194 SPRING HILL DR
SPRING HILL FL 34699

Name *Linda W. Carroll*
Street Address *9040 Kindlewood Trail*
City *Brooksville FL 34613*

6. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

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

Change Addition

CRE037 (10/02)

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
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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 empowered.

SIGNATURE:

SIG. LINDA W. CARROLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

352-799-2744
Daytime Phone #