2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N01000008903

Entity Name: VISION OF VICTORY INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

2323 NW 85TH STRET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

PO BOX 245954
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 65-1155913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIVENS, WILLIE M
1555 SW 109 AVE #102
PEMBROKE PINES, FL 33025 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:	GIVENS, WILLIE M	
Address:	1555 SW 109 AVE #102	
City-St-Zip:	PEMBROKE PINES, FL 33025	
Title:	D	( ) Delete
Name:	WHIPPLE, FELICIA	
Address:	295 N BISCAYNE RIVER DR	
City-St-Zip:	MIAMI, FL 33169	
Title:	DS	( ) Delete
Name:	NEWMONES, TERETHA	
Address:	19420 NW 37TH AVE	
City-St-Zip:	MIAMI, FL 33056	
Title:	DS	( ) Delete
Name:	MYERS, CHANIKA C	
Address:	1555 SW 109 AVE #102	
City-St-Zip:	PEMBROKE PINES, FL 33025	

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 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 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: WILLIE MARY GIVENS DP 01/06/2004

Electronic Signature of Signing Officer or Director — Date