

2002 UNIFORM BUSINESS REPORT (UBR)

0006168

DOCUMENT # NO1000008903

1. Entity Name

VISION OF VICTORY INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

2323 NW 85TH STREET
MIAMI FL 33147

Mailing Address

PO BOX 245954
PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GIVENS, WILLIE M
1555 SW 109 AVE #102
PEMBROKE PINES FL 33025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GIVENS, WILLIE M
1555 SW 109 AVE #102
PEMBROKE PINES FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
900012321659
02/11/03--01083--003 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHIPPLE, FELICIA
295 N BISCAYNE RIVER DR
MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWMONES, TERETHA
19420 NW 37TH AVE
MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NEWMONES, TERETHA
19420 NW 37TH AVE
MIAMI FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MYERS, CHANIKA C
1555 SW 109 AVE #102
PEMBROKE PINES FL 33025

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 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:

SIGNATURE: Willie Mary Givens

1/4/03 786-318-1395



03 JAN 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (4/02)