


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90265 002 \*\*\*\*61.25

<b>DOCUMENT # N0200002921</b> 1. Entity Name <b>VICTORIOUS CHRISTIAN LIFE MINISTRIES, INC.</b>	
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Principal Place of Business <b>1543 SABRA DR. BROOKSVILLE FL 34601</b>	Mailing Address <b>P.O. BOX 10752 BROOKSVILLE FL 34603</b>
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2. Principal Place of Business <b>10483 Spring Hill Drive</b> Suite, Apt. #, Etc. <b>Suite 10483</b>	3. Mailing Address <b>1373 Haulover Avenue</b> Suite, Apt. #, etc.
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City & State <b>Spring Hill FL</b>	City & State <b>Spring Hill Florida</b>	4. FEI Number <b>42-0583745</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34608</b>	Country <b>USA</b>	Zip <b>34608</b>	Country <b>USA</b>



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  <b>MASON, TOMMY</b> <b>1543 SABRA DR.</b> <b>BROOKSVILLE FL 34601</b>	7. Name and Address of New Registered Agent Name <b>Tommy Mason</b> Street Address (P.O. Box Number is Not Acceptable) <b>1373 Haulover Avenue</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34608</b>
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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 X Tommy Lee Mason DATE 04/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, TOMMY L 1543 SABRA DRIVE BROOKSVILLE FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Wanda Rodriguez 3259 Dothan Avenue Spring Hill, FL 34609
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VTD MASON, HARRIETT Y 1543 SABRA DRIVE BROOKSVILLE FL 34601		P.D. Tommy L. Mason 1373 Haulover Ave Spring Hill, FL 34608
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SD CAUDILL, CHARLES 5333 HARRINGTON STREET BROOKSVILLE FL 34601		N.T.D. Harriett Y. Mason 1373 Haulover Ave Spring Hill, FL 34608
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Harriett Y. Mason DATE 4/26/04 DAYTIME PHONE # (352) 797-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # X202