

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

DOCUMENT # N02000002921

1. Entity Name

VICTORIOUS CHRISTIAN LIFE MINISTRIES, INC.



Principal Place of Business

1543 SABRA DR.
BROOKSVILLE FL 34601

Mailing Address

P.O. BOX 10752
BROOKSVILLE FL 34603

2. Principal Place of Business

10483 Spring Hill Drive

Suite, Apt. #, etc.

Suite 10483

3. Mailing Address

1373 Haulover Avenue

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Spring Hill FL

Zip

34608

Country

USA

City & State

Spring Hill Florida

Zip

34608

Country

USA

4. FEI Number

42-0583745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASON, TOMMY
1543 SABRA DR.
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name Tommy Mason

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

1373 Haulover Avenue

City Spring Hill

FL

Zip Code

34608

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 *Tommy Lee Mason*

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

(NOTE: Registered Agent signature required when reinstating)

04/26/04

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

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

TITLE PD
NAME MASON, TOMMY L
STREET ADDRESS 1543 SABRA DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE VTD
NAME MASON, HARRIETT Y
STREET ADDRESS 1543 SABRA DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601 ☐ Delete

TITLE SD
NAME CAUDILL, CHARLES
STREET ADDRESS 5333 HARRINGTON STREET
CITY-ST-ZIP BROOKSVILLE FL 34601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary, Director
NAME Wanda Rodriguez
STREET ADDRESS 3259 Dothan Avenue
CITY-ST-ZIP Spring Hill, FL 34609 ☐ Change ☒ Addition

TITLE P.D.
NAME Tommy L. Mason
STREET ADDRESS 1373 Haulover Ave
CITY-ST-ZIP Spring Hill, FL 34608 ☒ Change ☐ Addition

TITLE V.T.D.
NAME Harriett Y. Mason
STREET ADDRESS 1373 Haulover Ave
CITY-ST-ZIP Spring Hill, FL 34608 ☒ Change ☐ Addition

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

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

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:

Harriett Y. Mason Harriett Y. Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04 (352) 797-7075

Daytime Phone # X202