

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90254 045 *****70.00

DOCUMENT # N02000002921

1. Entity Name

VICTORIOUS CHRISTIAN LIFE MINISTRIES, INC.



00042977

Principal Place of Business 1543 SABRA DR. BROOKSVILLE FL 34601	Mailing Address 1543 SABRA DR. BROOKSVILLE FL 34601
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 10752 Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Brooksville FL	4. FEI Number 02-0583745	Applied For <input type="checkbox"/> Not Applicable
Zip 34603	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent MASON, TOMMY 1543 SABRA DR. BROOKSVILLE FL 34601	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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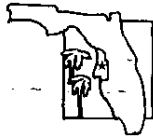
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 OF TOMMY MASON Date: 4/27/03 Daytime Phone #: (352) 796-7050

CR2E037 (10/02)

Attachment

55042977
#102000002921



GULFCOAST NORTH AREA
HEALTH EDUCATION CENTER, INC.

Please remove
Dalton McCullough -
He is not a director,
nor officer.

Thank you