

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90084 001 \*\*\*\*61.25  
08-02-2005 90084 002 \*\*\*\*\*8.75

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1st MOORE CR2E037 (10/04)

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # N04000007454</b><br>1. Entity Name<br><b>HEAVEN IS VICTORY MINISTRIES INC.</b>  |   |   |  |
| Principal Place of Business<br><b>522 ROSECLIFF CIR<br/>SANFORD FL 32773</b>  |   | Mailing Address<br><b>522 ROSECLIFF CIR<br/>SANFORD FL 32773</b>  |  |
| 2. Principal Place of Business<br><i>522 Rosecliff Cir</i><br><small>Suite, Apt. #, etc.</small>  |   | 3. Mailing Address<br><i>522 Rosecliff Cir</i><br><small>Suite, Apt. #, etc.</small>  |  |
| City & State<br><i>Sanford FL</i><br><small>Zip</small> <i>32773</i>  |   | City & State<br><i>Sanford, FL</i><br><small>Zip</small> <i>32773</i>   |  |
| Country<br><i>Senegal</i>   |   | Country<br><i>Senegal</i>   |  |
| 4. FEI Number<br><b>59-3198878</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STRAWBERRY NARIN, VIVIAN<br/>522 ROSECLIFF CIR<br/>SANFORD FL 32773</b>   |   | 7. Name and Address of New Registered Agent<br>Name <i>Vivian Strawberry Narin</i><br>Street Address (P.O. Box Number is Not Acceptable) <i>522 Rosecliff Cir</i><br>City <i>Sanford</i> <b>FL</b> <small>Zip Code</small> <i>32773</i> |  |
| 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's signature required when remitting)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | P<br>NARIN, CLEVELAND JR<br>522 ROSECLIFF CIR<br>SANFORD FL 32773             | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | VS<br>STRAWBERRY NARIN, CLEVELAND JR<br>522 ROSECLIFF CIR<br>SANFORD FL 32773 | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |   | <input type="checkbox"/> Delete   |  |
| 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: <i>Vivian Strawberry Narin</i> <i>8/18/05</i> <i>407-3284868</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>   |  |



ATTACHMENT

00020352

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 4, 2005

HEAVEN IS VICTORY MINISTRIES INC.  
522 ROSECLIFF CIR  
SANFORD, FL 32773

Subject: HEAVEN IS VICTORY MINISTRIES INC.

Reference Number: N04000007454

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION