

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003533 (6)**

1. Corporation Name

**VICTORY HOUSE MINISTRIES, INC.**



Principal Place of Business

**11609 DAUPHIN AVENUE  
LARGO FL 34648**

Mailing Address

**11609 DAUPHIN AVENUE  
LARGO FL 34648**

3. Date Incorporated or Qualified  
**07/18/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3279136**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROEDERER, HAROLD J  
11609 DAUPHIN AVENUE  
LARGO FL 34648**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ROEDERER, HAROLD J**  
STREET ADDRESS **11609 DAUPHIN AVE**  
CITY - ST - ZIP **LARGO FL 34648**

TITLE **D** ☐ DELETE  
NAME **ROEDERER, HELEN L**  
STREET ADDRESS **11609 DAUPHIN AVE**  
CITY - ST - ZIP **LARGO FL 34648**

TITLE **D** ☒ DELETE  
NAME **WARREN, WARD E**  
STREET ADDRESS **11595 DAUPHIN AVE**  
CITY - ST - ZIP **LARGO FL 34648**

TITLE **D** ☒ DELETE  
NAME **WARREN, DONNA**  
STREET ADDRESS **11595 DAUPHIN AVE**  
CITY - ST - ZIP **LARGO FL 34648**

TITLE **D** ☐ DELETE  
NAME **HOGUE, ANDREA**  
STREET ADDRESS **7037 67TH WAY NORTH**  
CITY - ST - ZIP **PINELLAS PARK FL 34665**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**D** ☐ Change ☒ Addition  
NAME **HURT, JERRY G.**  
STREET ADDRESS **211 23RD AV N**  
CITY - ST - ZIP **INDIAN ROCKS BEACH, FL 34635**

**D** ☐ Change ☒ Addition  
NAME **MILNE, McCORT**  
STREET ADDRESS **7037 67TH WAY N.**  
CITY - ST - ZIP **PINELLAS PARK, FL 34665**

**D** ☐ Change ☒ Addition  
NAME **BRUBAKER, JEFFREY R.**  
STREET ADDRESS **173 WERTZ DR.**  
CITY - ST - ZIP **LARGO, FL 33771**

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Harold Roederer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)