FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1**9**98

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500002930 (4)

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

HE IS VICTORIOUS INC.

FILED	
May 12 1998 8:00an	n
Secretary of State	

A RECULIO: OLO ACIO: CALL CALL CALL SOLL SOLL SOLL SOLL SOLL CALL CALL SOLL SOLL

Principal Place of Business Mailing Address						r Labitini aja laja, gini adili adili adili adili ad	IAN ATATA LATAN ATAT ANDE	
604 GALLEGO AVE. OCOEE FL 34781		P.O. BOX 387 OCOEE FL 34761				3. Date Incorporated or Qualified 06/16/1995		
						4. FEI Number 59-3335296	Applied For Not Applicable	
2. Principal Pi	lace of Business	2a. Malling Add	2a. Malling Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, elc.	Suite, Apt. •	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State	е	City & State	City & State			7. Is this nonprofit corporation a homeowners association? Yes No		
Zip	Country 25	Zip 29	Coun 30			This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible Yes 🔼 No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered A	igent	
				81	Name			
DRAHEIM, GARY L 604 GALLEGO AVE. OCOEE FL 34761			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FL	85 Zip Code	
office or r	to the provisions of Sections 617 egistered agent, or both, in the 5 m familiar with, and accept the c	State of Florida. Such cha	nge was authorize	d by	the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its registered pintment as registered	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE PD 1.1 TITLE NAME DRAHEIM, GARY L 1.2 NAME **604 GALLEGO AVE** STREET ADDRESS 1.3 STREET ADDRESS OCOEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP **DELETE** Change Addition 2.1 TITLE TITLE Billie Norton WOOD, DEVA L 2.2 NAME NAME 411 Columbia Ave 700 E AIRPORT BLVD #1-3 STREET ADDRESS 2.3 STREET ADDRESS 3+, Cloud F1 34769 SANFORD FL CITY-ST-ZIP 2.4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE Temmy Roberts NAME WOOD, TERESA D 3.2 NAME 8209 Unit 32 sunspring Circle 700 E AIRPORT BLVD #1-3 STREET ADDRESS **3.3 STREET ADDRESS** SANFORD FL Orlando Fl 3.4. CITY-ST-ZIP 32825 CITY-ST-ZIP Addition TSD Change DELETE 4.1 TITLE TITLE Tracy Hunt 4.2 NAME NAME 604 Gallego Are 4.3 STREET ADDRESS STREET ADDRESS Ocoee F1 34761 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME

(NOTE: Registered Agent signature required when reinstating)

CITY-ST-ZIP

14. Thereby 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 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 chapted, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

ONATURE A PARTY SCHOOL Dealer 4-30-98

DELETE

CR2E037 (10/97)

447- D77-142

Change

Addition