


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002801 (5)

1. Corporation Name

VICTORY IS SHOUTING IN OUR NEIGHBORHOODS INC.



Principal Place of Business		Mailing Address	
7630 COLONIAL COURT TAMPA FL 33615		7630 COLONIAL COURT P.O. BOX TAMPA FL 33615	
3917 North Tampa Street			
2. Principal Place of Business	2a. Mailing Address		
21. 7630 COLONIAL COURT	26. P.O. BOX 15186		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22.	27.		
City & State	City & State		
23. TAMPA, FLORIDA	28. TAMPA, FLORIDA		
Zip	Zip		
24. 33603	29. 33684		
Country	Country		
25. Hillsborough	30. Hills		

3. Date Incorporated or Qualified	05/05/1997
4. FEI Number	59-3447003
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
JACKSON, STEPHEN N 7630 COLONIAL COURT TAMPA FL 33615	

10. Name and Address of New Registered Agent	
81. Name	Stephen Nathaniel Jackson
82. Street Address (P.O. Box Number is Not Acceptable)	9001 ARADALE CIRCLE
83.	
84. City	TAMPA
85. Zip Code	FL 33615

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 Stephen N. Jackson DATE 4/28/98

(NOTE: Registered Agent signature required in manual filing)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Director
STREET ADDRESS	Stephen N. Jackson
CITY-ST-ZIP	9001 ARADALE CIRCLE
TITLE	<input type="checkbox"/> DELETE
NAME	Trustees
STREET ADDRESS	Elizabeth Jackson
CITY-ST-ZIP	9001 ARADALE C
TITLE	<input type="checkbox"/> DELETE
NAME	Trustees
STREET ADDRESS	Stephanie Jackson
CITY-ST-ZIP	9001 ARADALE CIRCLE
TITLE	<input type="checkbox"/> DELETE
NAME	Trustees
STREET ADDRESS	Simone Jackson
CITY-ST-ZIP	9001 ARADALE CIRCLE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002610585
5.3 STREET ADDRESS	-08/07/98--01054--001
5.4 CITY-ST-ZIP	***61.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

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