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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002801

1. Corporation Name

VICTORY IS SHOUTING IN OUR NEIGHBORHOODS INC.

Principal Place of Business

3917 NORTH TAMPA STREET
TAMPA FL 33603

Mailing Address

P.O. BOX 15186
TAMPA FL 33684



2. Principal Place of Business

21 3302 N. Tampa St

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Tampa FL

24 33603 25 USA

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3447003

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

9. Name and Address of Current Registered Agent

NATHANIEL JACKSON, STEPHEN
9001 ARNDALE CIRCLE
TAMPA FL 33615

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME JACKSON, STEPHEN N
STREET ADDRESS 9001 ARNDALE CIRCLE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME JACKSON, ELIZABETH
STREET ADDRESS 9001 ARNDALE CIRCLE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME JACKSON, STEPHANIE
STREET ADDRESS 9001 ARNDALE CIRCLE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME JACKSON, SIMONE
STREET ADDRESS 9001 ARNDALE CIRCLE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME Folks, Julia
STREET ADDRESS PO Box 290917
CITY-ST-ZIP Temple Terrace, FL 33687-0917

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 10743 Glen Ellen

1.3 STREET ADDRESS Tampa, FL 33624-5060

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 10743 Glen Ellen

2.3 STREET ADDRESS Tampa, FL 33624-5060

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 10743 Glen Ellen

3.3 STREET ADDRESS Tampa, FL 33624-5060

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 10743 Glen Ellen

4.3 STREET ADDRESS Tampa, FL 33624-5060

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)