

DOCUMENT # N97000002801

1. Entity Name

VICTORY IS SHOUTING IN OUR NEIGHBORHOODS INC.

Principal Place of Business

3302 N TAMPA ST
TAMPA FL 33603
US

Mailing Address

P.O. BOX 15186
TAMPA FL 33684-5186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33602

4. FEI Number

59-3447003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATHANIEL JACKSON, STEPHEN
9001 ARNDALE CIRCLE
TAMPA FL 33615

Name

JACKSON, STEPHEN N.

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

10743 Glen Ellen Dr.

City

TAMPA

FL

Zip Code

33624

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS JACKSON, STEPHEN N
CITY-ST-ZIP 10743 GLEN ELLEN
TAMPA FL 33624-5060

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

TITLE ☐ Delete
NAME T
STREET ADDRESS JACKSON, ELIZABETH
CITY-ST-ZIP 10743 GLEN ELLEN
TAMPA FL 33624-5060

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

TITLE ☐ Delete
NAME T
STREET ADDRESS JACKSON, STEPHANIE
CITY-ST-ZIP 10743 GLEN ELLEN
TAMPA FL 33624-5060

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

TITLE ☐ Delete
NAME T
STREET ADDRESS JACKSON, SIMONE
CITY-ST-ZIP 10743 GLEN ELLEN
TAMPA FL 33624-5060

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

TITLE ☐ Delete
NAME M
STREET ADDRESS FOLKS, JULIA
CITY-ST-ZIP PO BOX 290917
TEMPLE TERRACE FL 33687-0917

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90069 016 ****61.25



DO NOT WRITE IN THIS SPACE

4/25/00 (813) 229-3446