FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003534 1. Corporation Name

VICTORY IN HIS WORD, INC.

Principal Place of Business

Mailing Address

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90009 003 ****61.25

		19620 HAMPTON DRIVE BOCA RATON FL 33434			
	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 06/18/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For
22		27			APPLIED FOR 65-07605 45 Not Applicable
City & State		City & State	.,,		5 Continue of Status Desired Status Resired Status Resired
23		28			Fee Required
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	9. Name and Address of Curre		<u>''</u> —		10. Name and Address of New Registered Agent
	Hame and Address of Culter		81	Name	
ETKIE, RICHARD A			82	Street	Address (P.O. Box Number is Not Acceptable)
•	MPTON DRIVE				Addition to the transfer of th
BOCA RA		83			
			84	City	85 Zip Code
				<u> </u>	corporation submits this statement for the purpose of changing its registered
agent. I at	m familiar with, and accept the obligation of registered ago	ations of, Section 617.0503, Florida	a Statute:	S.	oration's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		□ Change □ Addition
NAME	ETKIE, RICHARD A		1.2 NAME		AUFDERHEIDE, MICHELE
STREET ADDRESS	19620 HAMPTON DRIVE		1.3 STREE	T ADDRESS	424 MICHIGAN PL
CITY-ST-ZIP	BOCA RATON FL 33434	_	1.4 CITY-5	ST-ZIP	WEST PALM BEACH FL 33409
TITLE			2.1 TITLE		☐ Change ☐ Addition
NAME	LINE, DEDIN		2.2 NAME		LEARY, JAMES 3332 CAT CAY RD
STREET ADDRESS	10020 TARRETON OFFICE			T ADDRESS	LAKE WORTH FL 33462
CITY-ST-ZIP	57 251 575		2.4 CITY- 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE NAME			3.2 NAME		
STREET ADDRESS	DEI INEN, MONICEA		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1 		4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME				TADORESS	,
STREET ADDRESS			5.4 CITY-1		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP	¥		6.4 CITY-5	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.

(Se1) 482-4035