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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001492					
1. Corporation Name VICTORY INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business 37 ORANGE AVE. LAKE WALES FL 33853			Mailing Address 37 ORANGE AVE. LAKE WALES FL 33853		
2. Principal Place of Business 21 95 W. Orange Ave Suite, Apt. #, etc. 22 City & State 23 Lake Wales, FL 24 Zip 33853 25 Country		2a. Mailing Address 26 95 W. Orange Ave Suite, Apt. #, etc. 27 Lake Wales 28 City & State 29 FL 30 Zip 33853		3. Date Incorporated or Qualified 03/12/1998 4. FEI Number 59-3506416 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HILL, MELVIN M DR. 1080 ST. RD.60 EAST LAKE WALES FL 33853			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME HILL, MELVIN M DR. STREET ADDRESS 1080 ST. RD.60 EAST CITY-ST-ZIP LAKE WALES FL 33853			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME HILL, BETTY PASTOR STREET ADDRESS 1080 ST. RD.60 EAST CITY-ST-ZIP LAKE WALES FL 33853			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME WILSON, ARTIS SR. STREET ADDRESS 1098 VALLENCIA AVE. CITY-ST-ZIP HAINES CITY FL 33844			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME LATSON, KANEISHIA STREET ADDRESS 2401 N.W. 2ND STREET CITY-ST-ZIP WINTER HAVEN FL 33881			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)