

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001492

1. Entity Name

VICTORY INTERNATIONAL MINISTRIES, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90002 042 \*\*\*\*70.00

Principal Place of Business

Mailing Address

95 W. ORANGE AVE  
LAKE WALES FL 33853

95 W. ORANGE AVE  
LAKE WALES FL 33853-4176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3506416

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HILL, MELVIN M DR.  
1080 ST. RD.60 EAST  
LAKE WALES FL 33853

Name

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

City

FL

Zip Code

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 title 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 HILL, MELVIN M DR.  
STREET ADDRESS 1080 ST. RD.60 EAST  
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE ☐ Delete  
NAME HILL, BETTY PASTOR  
STREET ADDRESS 1080 ST. RD.60 EAST  
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE ☒ Delete  
NAME WILSON, ARTIS SR.  
STREET ADDRESS 1098 VALLENCIA AVE.  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Change ☒ Addition  
NAME Renna Ferrel  
STREET ADDRESS 638 West N. Ave  
CITY-ST-ZIP Lakewales, FL 33853

TITLE ☐ Delete  
NAME LATSON, KANEISHIA  
STREET ADDRESS 2401 N.W. 2ND STREET  
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Patrick Anthony Wilson  
STREET ADDRESS 104 mulberry STR.  
CITY-ST-ZIP lakewales, FL 33853

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.

Pastor and President

(863)

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2000 678-9256  
Date 2-11- Daytime Phone #

CR2E037 (9/99)