

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90175 043 ****65.00

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1. Entity Name
**VICTORY OUTREACH CHURCH OF GOD MINISTRIES,
INC.**



Principal Place of Business
**5170 PEMBROKE ROAD
HOLLYWOOD, FL 33023 US**

Mailing Address
**4501 N.W. 202ND ST
OPA LOCKA, FL 33055 US**

45071000



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0894781

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, LAURNA
7161 PEMBROKE ROAD
#600
PEMBROKE PINES, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKENZIE, OSCAR H
STREET ADDRESS	4501 NW 202ND ST
CITY-ST-ZIP	OPA LOCKA, FL 33055
TITLE	S
NAME	FRECKLETON, CAROLINE
STREET ADDRESS	2201 S SHERMAN CIR #D212
CITY-ST-ZIP	MIRAMAR, FL 32025
TITLE	VP
NAME	WILLIAMS, RONALD
STREET ADDRESS	2780 N.W. 151ST TERR.
CITY-ST-ZIP	OPA LOCKA, FL 33054

**DO NOT WRITE
IN THIS SPACE**

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 SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

Oscar McKenzie **Oscar McKenzie** 4/1/04 (305)
621-7557