

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006588

1. Entity Name
OUR BLESSED LADY OF VICTORY MISSION, INC.



Principal Place of Business
**1602 AUTUMN ROAD
SPRING HILL, FL 34608**

Mailing Address
**P.O. BOX 3005
SPRING HILL, FL 34608**



02142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WINCHEK, ANDREW JOHN
1602 AUTUMN ROAD
SPRING HILL, FL 34608**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WINCHEK, ANDREW JOHN 1602 AUTUMN ROAD SPRING HILL, FL 34608
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD WINCHER, HELEN 1602 AUTUMN ROAD SPRING HILL, FL 34608
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUBNER, GLEN 23833 DRESSER ROAD MALIBU, CA 90265
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, KEN 1415 W CERRITOS #51 ANAHEIM, CA 92802
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/23/05-86004-001 10.00

**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)(f), 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 117, 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 #

Feb 14/05 800-237-1038