

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N99000006588

1. Entity Name

OUR BLESSED LADY OF VICTORY MISSION, INC.



**FILED
Mar 14, 2006 8:00 am
Secretary of State**

03-14-2006 90018 029 ****70.00



1st MOORE CR2E037 (10/05)

Principal Place of Business 1602 AUTUMN ROAD SPRING HILL FL 34608	Mailing Address P.O. BOX 3005 SPRING HILL FL 34608
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent WINCHEK, ANDREW JOHN 1602 AUTUMN ROAD SPRING HILL FL 34608	
---	--

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINCHEK, ANDREW JOHN 1602 AUTUMN ROAD SPRING HILL FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WINCHER, HELEN 1602 AUTUMN ROAD SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (VSD) William Zempel Jr. 1101 Blue Branch Road Lyonsville, Tenn. 38472 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBNER, GLEN 23633 DRESSER ROAD MALIBU CA 90265	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, KEN 1415 W CERRITOS #51 ANAHEIM CA 92802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---------------------------------	--	---

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Andrew John Winchek (Andrew John Winchek)* 2-25-06 352-683-6828