

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 033 ****70.00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

WINCHEK, ANDREW JOHN
1602 AUTUMN ROAD
SPRING HILL FL 34608

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. 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WINCHEK, ANDREW JOHN	
STREET ADDRESS	1602 AUTUMN ROAD	
CITY - ST - ZIP	SPRING HILL FL 34608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZEMPEL, WILLIAM JR	
STREET ADDRESS	1101 BLUE BRANCH RD	
CITY - ST - ZIP	LYNNVILLE TN 38472	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBNER, GLEN	
STREET ADDRESS	23633 DRESSER ROAD	
CITY - ST - ZIP	MALIBU CA 90265	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, KEN	
STREET ADDRESS	1415 W CERRITOS #51	
CITY - ST - ZIP	ANAHEIM CA 92802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Rev. Andrew John Winchek
Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Andrew John Winchek

Director

Date

1-27-07

Daytime Phone #

352-999-7755