

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740871 (9)

1. Corporation Name
FOUNTAIN'S VICTORY TABERNACLE, INC.



Principal Place of Business 227 CLAIRE AVE PANAMA CITY FL 32404-6019 US	Mailing Address P. O. BOX 3014 PANAMA CITY FL 32401-0014 US
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2. Principal Place of Business 21 1880 Highway 231 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/23/1977	3a. Date of Last Report 03/05/1996
22 Fountain, Florida City & State	27 City & State	4. FEI Number 59-2879396	Applied For <input type="checkbox"/> Not Applicable
23 32438 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country	25 Bay Zip	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

AMERSON, DORIS 20522 DUFFEY ROAD FOUNTAIN FL 32428		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMERSON, DORIS	1.2 NAME	
STREET ADDRESS	20522 DUFFEY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, SHERRY	2.2 NAME	
STREET ADDRESS	20522 DUFFEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FOUNTAIN FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIDER, RICHARD	3.2 NAME	
STREET ADDRESS	10734 HAPPYVILLE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWELL, SHELBY	4.2 NAME	
STREET ADDRESS	148 HITCHCOCK	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIDER, CATHY	5.2 NAME	
STREET ADDRESS	10734 HAPPYVILLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Crider* Date: *Apr 2 1997* 227-1594

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