

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90088 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 740871**

1. Entity Name  
**FOUNTAIN'S VICTORY TABERNACLE, INC.**

Principal Place of Business      Mailing Address

18801 HWY 231  
 FOUNTAIN FL 32438  
 US

P. O. BOX 3014  
 PANAMA CITY FL 32401-0014  
 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2879396**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

6. Name and Address of Current Registered Agent

**AMERSON, DORIS**  
**20522 DUFFEY ROAD**  
**FOUNTAIN FL 32428**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

    

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMERSON, DORIS</b>	NAME	
STREET ADDRESS	<b>20522 DUFFEY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FOUNTAIN FL</b>	CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, SHERRY</b>	NAME	
STREET ADDRESS	<b>20522 DUFFEY ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FOUNTAIN FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIDER, RICHARD</b>	NAME	
STREET ADDRESS	<b>10734 HAPPYVILLE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, DOTTIE</b>	NAME	
STREET ADDRESS	<b>12806 DAVIES RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FOUNTAIN FL 32438</b>	CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIDER, CATHY</b>	NAME	
STREET ADDRESS	<b>10734 HAPPYVILLE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Doris Amerson*      **NO SIGNATURE REQUIRED**      3-8-00      850-722-1594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)