

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90019 047 ****61.25

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
 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

59-2879396

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

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

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 _____

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

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	D	<input type="checkbox"/> Delete
NAME	AMERSON, DORIS	
STREET ADDRESS	20522 DUFFEY ROAD	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLARK, SHERRY	
STREET ADDRESS	20522 DUFFEY ROAD	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRIDER, RICHARD	
STREET ADDRESS	10734 HAPPYVILLE ROAD	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOTTIE	
STREET ADDRESS	12806 DAVIES RD	
CITY-ST-ZIP	FOUNTAIN FL 32438	
TITLE	C	<input type="checkbox"/> Delete
NAME	CRIDER, CATHY	
STREET ADDRESS	10734 HAPPYVILLE RD	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE		<input type="checkbox"/> Delete
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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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 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: *Sherry Clark* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

1-850-722-7201

Date Daytime Phone #

CR2E037 (9/01)