

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

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 740871 1. Entity Name FOUNTAIN'S VICTORY TABERNACLE, INC.	
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Principal Place of Business 18801 HWY 231 FOUNTAIN FL 32438 US	Mailing Address P. O. BOX 3014 PANAMA CITY FL 32401 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2879396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D AMERSON, DORIS	<input type="checkbox"/>
STREET ADDRESS	20522 DUFFEY ROAD	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	STD CLARK, SHERRY	<input type="checkbox"/>
STREET ADDRESS	20522 DUFFEY ROAD	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	VD CRIDER, RICHARD	<input type="checkbox"/>
STREET ADDRESS	10734 HAPPYVILLE ROAD	
CITY-ST-ZIP	YOUNSTOWN FL	
TITLE	P WILLIAMS, DOTTIE	<input type="checkbox"/>
STREET ADDRESS	12806 DAVIES RD	
CITY-ST-ZIP	FOUNTAIN FL 32438	
TITLE	C CRIDER, CATHY	<input type="checkbox"/>
STREET ADDRESS	10734 HAPPYVILLE RD	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000760650		
NAME	05/25/07-80022-015 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Doris Amerson* Date: **4-25-07** Daytime Phone #: **1-850-722-1594**