


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 08:00 AM
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
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/07)

4. FEI Number 59-2879396	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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8. The above named entry 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 _____

(NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D AMERSON, DORIS	<input type="checkbox"/>
NAME	20522 DUFFEY ROAD	
STREET ADDRESS	FOUNTAIN FL	
CITY - ST - ZIP		
TITLE	STD CLARK, SHERRY	<input type="checkbox"/>
NAME	20522 DUFFEY ROAD	
STREET ADDRESS	FOUNTAIN FL	
CITY - ST - ZIP		
TITLE	VD CRIDER, RICHARD	<input type="checkbox"/>
NAME	10734 HAPPYVILLE ROAD	
STREET ADDRESS	YOUNSTOWN FL	
CITY - ST - ZIP		
TITLE	P WILLIAMS, DOTTIE	<input type="checkbox"/>
NAME	12806 DAVIES RD	
STREET ADDRESS	FOUNTAIN FL 32438	
CITY - ST - ZIP		
TITLE	C CRIDER, CATHY	<input type="checkbox"/>
NAME	10734 HAPPYVILLE RD	
STREET ADDRESS	YOUNGSTOWN FL	
CITY - ST - ZIP		
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	U00000914472		
NAME	05/08/08-80058-015 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* 4-21-08 850-722-1594

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