

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740871

FILED
Feb 17, 2009
Secretary of State

Entity Name: FOUNTAIN'S VICTORY TABERNACLE, INC.

Current Principal Place of Business:

18801 HWY 231
FOUNTAIN, FL 32438 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3014
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2879396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERSON, DORIS
20522 DUFFEY ROAD
FOUNTAIN, FL 32428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMERSON, DORIS,
Address: 20522 DUFFEY ROAD
City-St-Zip: FOUNTAIN, FL

Title: STD () Delete
Name: CLARK, SHERRY,
Address: 20522 DUFFEY ROAD
City-St-Zip: FOUNTAIN, FL

Title: VD () Delete
Name: CRIDER, RICHARD,
Address: 10734 HAPPYVILLE ROAD
City-St-Zip: YOUNSTOWN, FL

Title: P () Delete
Name: WILLIAMS, DOTTIE
Address: 12806 DAVIES RD
City-St-Zip: FOUNTAIN, FL 32438

Title: C () Delete
Name: CRIDER, CATHY
Address: 10734 HAPPYVILLE RD
City-St-Zip: YOUNGSTOWN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WILLIAMS, DOTTIE
Address: 20522 DUFFY RD.
City-St-Zip: FOUNTAIN, FL 32438

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY B. CLARK

STD

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date