

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90172 049 \*\*\*\*70.00

<b>DOCUMENT # N00030001570</b> 1. Entity Name <b>VICTORY TABERNACLE OF PRAYER FOR ALL PEOPLE, INC.</b>					
Principal Place of Business <b>364 W AVENUE A BELLE GLADE FL 33430</b>			Mailing Address <b>364 W AVENUE A BELLE GLADE FL 33430</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROWN, JOHNNY 809 N.E. 22ND ST APT. 1 BELLE GLADE FL 33430</b>			Name <b>Johnny Brown</b> Street Address (P.O. Box Number is Not Acceptable) <b>600-A COVENANT DRIVE</b>  City <b>Belle Glade</b> <b>FL</b> Zip Code <b>33430</b>		
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 _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agents separate and separate when renewing)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JOHNNY T PASTOR		NAME		
STREET ADDRESS	809 N.E. 22ND ST., APT. 1		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, WILLI ELDER		NAME		
STREET ADDRESS	848 SW AVE 1		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		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		
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		
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 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.					
<b>SIGNATURE: <u>Johnny T. Brown</u> Johnny T. Brown 4-14-06 561-996-4020</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					