

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000917

FILED  
Mar 09, 2012  
Secretary of State

**Entity Name:** VICTORY RESTORATION TABERNACLES, INC.

**Current Principal Place of Business:**

4297 GRIFFIN RD  
DANIA, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4293 GRIFFIN RD  
DANIA, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0848957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWEETING, EARL L  
4297 GRIFFIN RD  
DANIA, FL 33314 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: PD  
Name: SWEETING, EARL L REV.  
Address: 4297 GRIFFIN RD  
City-St-Zip: DANIA, FL 33314

Title: VD  
Name: JOHNSONS, MILTON  
Address: 4297 GRIFFIN RD  
City-St-Zip: DANIA, FL 33314

Title: SD  
Name: SWEETING, TAWANDA EVAN  
Address: 4297 GRIFFIN RD  
City-St-Zip: DANIA, FL 33314

Title: D  
Name: BURNETTE-BELL, ROSALIND TREAS  
Address: 4297 GRIFFIN RD  
City-St-Zip: DANIA, FL 33314

Title: S  
Name: BETHEL, AMANDA TRUSTEE  
Address: 4297 GRIFFIN RD  
City-St-Zip: DANIA, FL 33314

Title: T  
Name: BROWN, KONTWELLA  
Address: 4297 GRIFFIN RD  
City-St-Zip: DANIA, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: EARL L. SWEETING

PD

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date