

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002273

FILED  
Aug 12, 2006  
Secretary of State

Entity Name: VICTORY TABERNACLE A.F.B. INC.

**Current Principal Place of Business:**

6043 KIMBERLY BLVD  
L 8M  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

1106 NW 46 AVENUE  
LAUDERHILL, FL 33313

**New Mailing Address:**

FEI Number: 65-0661508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GRANT, DR. ROLAND  
1101 N.W. 46TH AVE.  
LAUDERHILL, FL 33313      US

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: HUDSON, GEORGE REV.  
Address: 1101 NW 46TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D      ( ) Delete  
Name: GRANT, ROLAND PAST  
Address: 6101 NW 16TH CT  
City-St-Zip: SUNRISE, FL 33313

Title: D      ( ) Delete  
Name: ARDEN, LARMOND  
Address: 631 SW 72 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D      ( ) Delete  
Name: GRANT, CLAUDETTE  
Address: 1101 SW 46 AVENUE  
City-St-Zip: LAUDERHILL, FL 33313

Title: S      ( ) Delete  
Name: FARQUHARSON, GENE  
Address: 5881 N PLUMBAY DR.  
City-St-Zip: FORT LAUDERDALE, FL 33321

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARDEN LARMOND

OFF

08/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date