


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 017 ****61.25

DOCUMENT # N96000002273 1. Entity Name VICTORY TABERNACLE A.F.B. INC.					
Principal Place of Business 6043 KIMBERLY BLVD L 8M NORTH LAUDERDALE, FL 33068			Mailing Address 1106 NW 46 AVENUE LAUDERHILL, FL 33313		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0661508	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRANT, DR. ROLAND 1101 N.W. 46TH AVE. LAUDERHILL, FL 33313			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, GEORGE REV.		NAME		
STREET ADDRESS	1101 NW 46TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, ROLAND PAST		NAME	1101 NW 46 th Ave	
STREET ADDRESS	6101 NW 16TH CT		STREET ADDRESS	Lauderhill, FL 33313	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARDEN, LARMOND		NAME		
STREET ADDRESS	631 SW 72 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33023		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, CLAUDETTE		NAME	1101 NW 46 Ave	
STREET ADDRESS	1101 SW 46 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARQUHARSON, GENE		NAME		
STREET ADDRESS	5881 N PLUMBAY DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		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 Chapter 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: <u>Roland Grant</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/29/07</u> Date		
			Daytime Phone #		