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Apr 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740871 (9)

1. Corporation Name

FOUNTAIN'S VICTORY TABERNACLE, INC.



Principal Place of Business

Mailing Address

227 CLAIRE AVE
PANAMA CITY FL 32404-6019
US

P. O. BOX 3014
PANAMA CITY FL 32401-0014
US

2. Principal Place of Business

2a. Mailing Address

21 18801 Highway 231
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Fountain, Florida
City & State

27 City & State

23 32438
Zip

28 Zip

Country

Country

24 Bay
Country

29 Country

Country

3. Date Incorporated or Qualified
11/23/1977

3a. Date of Last Report
03/05/1996

4. FEI Number

59-2879396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERSON, DORIS
20522 DUFFEY ROAD
FOUNTAIN FL 32428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME AMERSON, DORIS
STREET ADDRESS 20522 DUFFEY ROAD
CITY-ST-ZIP FOUNTAIN FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME CLARK, SHERRY
STREET ADDRESS 20522 DUFFEY ROAD
CITY-ST-ZIP FOUNTAIN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME CRIDER, RICHARD
STREET ADDRESS 10734 HAPPYVILLE ROAD
CITY-ST-ZIP YOUNSTOWN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME ROWELL, SHELBY
STREET ADDRESS 148 HITCHCOCK
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME CRIDER, CATHY
STREET ADDRESS 10734 HAPPYVILLE RD
CITY-ST-ZIP YOUNGSTOWN FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris Amerson

Apr 08 1997 223-1594

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