

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 16 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740871 (9)**

1. Corporation Name

**FOUNTAIN'S VICTORY TABERNACLE, INC.**

Principal Place of Business

Mailing Address

18801 HWY 231  
FOUNTAIN FL 32438  
US

P. O. BOX 3014  
PANAMA CITY FL 32401  
US

3. Date Incorporated or Qualified

11/23/1977

4. FEI Number

59-2879396

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **P**  
**ROWELL, SHELBY**  
STREET ADDRESS **148 HITCHCOCK**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **P WILLIAMS, DOTTIE**  
4.3 STREET ADDRESS **12804 DAVIES Rd.**  
4.4 CITY-ST-ZIP **FOUNTAIN, FLA. 32438**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*Rev. Doris Amerson*

4-13-98

850-722-1594

CF2E037 (10/97)