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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740871

1. Corporation Name

FOUNTAIN'S VICTORY TABERNACLE, INC.

Principal Place of Business

18801 HWY 231  
FOUNTAIN FL 32438  
US

Mailing Address

P. O. BOX 3014  
PANAMA CITY FL 32401  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/23/1977

4. FEI Number

59-2879396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

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

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

TITLE P ☐ DELETE  
NAME WILLIAMS, DOTTIE  
STREET ADDRESS 12806 DAVIES RD  
CITY-ST-ZIP FOUNTAIN FL 32438

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

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

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

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

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

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

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

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

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99

722-1594

CR2E037 (11/98)