2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000780

1. Entity Name
FOUNTAIN OF LIFE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2593 MONTREAL ST. ATLANTIC BEACH, FL 32233	2593 MONTREAL ST. ATLANTIC BEACH, FL 32233

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3609098
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTZELL, ROBERT
2593 MONTREAL ST
ATLANTIC BEACH, FL 32233

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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 _____ DATE
(Signature of the appointed registered agent and the date adjacent thereto) (NOTE: Registered Agent's signature required in order to change agent)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARTZELL, ROBERT
STREET ADDRESS	2593 MONTREAL ST
CITY ST ZIP	ATLANTIC BEACH, FL 32233
TITLE	D
NAME	SHELTON, CHUCK
STREET ADDRESS	2175 FOREST GATE DRIVE EAST
CITY ST ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	BUSBEE, GARY
STREET ADDRESS	13088 CHETS CREEK DRIVE NORTH
CITY ST ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	COARSEY, JOHN
STREET ADDRESS	1110 RUTH AVENUE
CITY ST ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/12/05-80021-018 61.25

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12. 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 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: Robert Hartzell Robert Hartzell 1/11/05 904-241-9159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #