

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002258

FILED
Jan 24, 2005
Secretary of State

Entity Name: FENNELL FOUNTAIN MINISTRIES INC.

Current Principal Place of Business:

PO BOX 542155
MERRITT ISLAND, FL 329542155

New Principal Place of Business:

Current Mailing Address:

PO BOX 542155
MERRITT ISLAND, FL 329542155

New Mailing Address:

FEI Number: 52-2094141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNELL, SUSAN
2327 SCOTLAND ROAD
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FENNELL, SUSAN
Address: 2327 SCOTLAND ROAD
City-St-Zip: COCOA, FL 32926

Title: VPTC () Delete
Name: HALLETT, JAMES
Address: 3601 STATE RT 52
City-St-Zip: ST LEO, FL 33574

Title: O () Delete
Name: FENNELL, ROBERT
Address: 2327 SCOTLAND ROAD
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FENNELL

P

01/24/2005

Electronic Signature of Signing Officer or Director

Date