

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # N98000002603**  
 1. Corporation Name  
**SPRING OF LIFE FELLOWSHIP, INC.**

Principal Place of Business Mailing Address  
 10140 SW 40 STREET 10140 SW 40 STREET  
 MIAMI FL 33165 MIAMI FL 33165

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24

**FILED**  
 99 OCT 19 PM 6:38  
 SECRETARY OF STATE  
 FLORIDA

607951-90010-4

8. Name and Address of Current Registered Agent  
**MOLINA, JOAQUIN G**  
**10140 SW 40 STREET**  
**MIAMI FL 33165**

3. Date Incorporated or Qualified  
**05/06/1998**

4. FEI Number  
**65-0633463**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent  
 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 617.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Treasurer</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>OMAR VAZQUEZ, JR.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>12400 SW 99th STREET MIAMI, FL 33186</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>President &amp; Founder</b>
NAME		2.2 NAME	<b>JOAQUIN G. MOLINA</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>10140 SW 40 STREET</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President</b>
NAME		3.2 NAME	<b>RAUL G. MOLINA JR.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>10140 SW 40 STREET</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary</b>
NAME		4.2 NAME	<b>RAUL G. MOLINA SR.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>10140 SW 40 ST</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>ITS</b>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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 file 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: \_\_\_\_\_ DATE: **8/9/99** 352-0049

CR2E037 (5/99)

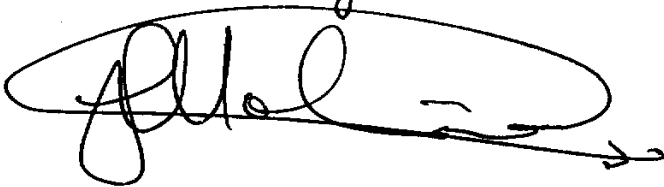
Law Offices of  
**JOAQUIN G. MOLINA**  
10140 SOUTHWEST 40TH STREET  
MIAMI, FL 33165

TEL: (305) 552-0049  
FAX: (305) 552-0463

Fl. Dept. of Corp.

As per our conversation on 10/12/99  
please Re instate the following Corporate  
Entity with the information provided.

Thank you.



JGM.  
Enclosed

per conversation didn't receive  
letter

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