


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 049 ****70.00

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



Principal Place of Business: 3356 SW 40 STREET CHURCH MIAMI, FL 33165
 Mailing Address: 10140 SW 40 STREET MIAMI, FL 33165

44048232



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0833463 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	VAZQUEZ, OMAR JR
STREET ADDRESS	12400 SW 99TH STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DPF
NAME	MOLINA, JOAQUIN G
STREET ADDRESS	10140 SW 40 STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VPOD
NAME	PESTANA, SANDRO
STREET ADDRESS	151 CRANDON BLVD. APT 425
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	SOD
NAME	PALMA, JOSE
STREET ADDRESS	8401 SW 107 AVENUE APT 348-E
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Date: 6-29-04 (305) 552-0049 Daytime Phone #