


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 2029 NW 87 AVENUE MIAMI, FL 33172	Mailing Address POB 654338 MIAMI, FL 33265
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DO NOT WRITE IN THIS SPACE



06122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0833463	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOLINA, JOAQUIN G
 2029 NW 87 AVE
 DORAL, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO VAZQUEZ, OMAR JR 15190 SW 15 ST MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPP MOLINA, JOAQUIN G 3530 SW 123 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOD PALMA, JOSE 7957 SW 104 ST APT B 207 MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/10/07-80019-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-597-4440