


**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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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.  **\$5.00** May Be Added to Fees

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000767790  
 07/10/07-80019-018 70.00

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 305-597-4440 Daytime Phone #