


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 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



04182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0833463

Applied For  
 Not Applicable

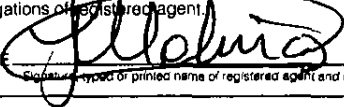
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOLINA, JOAQUIN G  
 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  President 4-20-08

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 May 1, 2008**

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

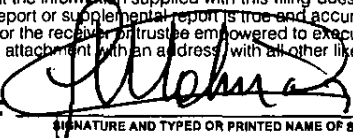
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

U00000937904  
 05/27/08-80069-006 70.00

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:  President 4-20-08 (205) 597-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #