

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002806

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: FOUNTAIN OF LIFE INTERNATIONAL, INC.

## Current Principal Place of Business:

3541 S.W. 144 AVENUE  
MIRAMAR, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

3541 S.W. 144 AVENUE  
MIRAMAR, FL 33027

## New Mailing Address:

FEI Number: 65-1095123      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PARRISH, SHERRON  
3541 S.W. 144 AVENUE  
MIRAMAR, FL 33027      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARRISH, SHERRON  
Address: P.O. BOX 278422  
City-St-Zip: MIRAMAR, FL 33027

Title: VPD ( ) Delete  
Name: PARRISH, CARL  
Address: P.O. BOX 278422  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: BISHOP, LORITTA  
Address: 8612 N.LEXINGTON  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: SCOTT, ELIZABETH  
Address: 8263 NW 5TH COURT  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: PERKINS, MARY  
Address: 2001 NW 191 STREET  
City-St-Zip: MIAMI, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRON PARRISH

CEO

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date