

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000780

Entity Name: FOUNTAINS OF LIFE INC.**Current Principal Place of Business:**2593 MONTREAL ST.
ATLANTIC BEACH, FL 32233**Current Mailing Address:**2593 MONTREAL ST.
ATLANTIC BEACH, FL 32233**FEI Number:** 59-3609098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARTZELL, ROBERT
2593 MONTREAL ST
ATLANTIC BEACH, FL 32233 US*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**Officer/Director Detail :**

Title	P
Name	HARTZELL, ROBERT
Address	2593 MONTREAL ST
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	T
Name	HARTZELL, CYNTHIA
Address	2593 MONTREAL ST
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	D
Name	CARTER, GRADY
Address	11425 MOTOR YACHT CIR. N
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP
Name	MARESMA, BRANDON
Address	13423 FOXHAVEN DR N
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	ROSE, BOON
Address	6067 TENNYSON DR
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	PUSATERI, GREG
Address	P.O. BOX 1072
City-State-Zip:	STARK FL 32091

I hereby 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 all other like empowered.

SIGNATURE: ROBERT HARTZELL**PRES****02/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date