

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002806

Entity Name: FOUNTAIN OF LIFE COMMUNITY DEVELOPMENT CENTER INC.**Current Principal Place of Business:**3541 S.W. 144 AVENUE
MIRAMAR, FL 33027**Current Mailing Address:**3541 S.W. 144 AVENUE
MIRAMAR, FL 33027**FEI Number:** 65-1095123**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PARRISH, SHERRON
3541 S.W. 144 AVENUE
MIRAMAR, FL 33027 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	PD
Name	PARRISH, SHERRON
Address	P.O. BOX 278422
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	KING, SHAMEIKA
Address	P.O. BOX 278422
City-State-Zip:	MIRAMAR FL 33027

Title	SECRETARY
Name	BISHOP, GRACE
Address	P.O. BOX 278422
City-State-Zip:	MIRAMAR FL 33027

Title	VP
Name	MITCHELL, ROYANNE
Address	3541 SW 144TH AVE
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	WEBB, ALTHEA
Address	P.O. BOX 278422
City-State-Zip:	MIRAMAR FL 33027

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: SHERRON PARRISH**PRES****03/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date