

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-08-2007 90016 017 ****61.25

DOCUMENT # 742057 1. Entity Name FOUNTAINS LIFE FOUNDATION, INC.					
Principal Place of Business 4615 SOUTH FOUNTAINS DRIVE LAKE WORTH FL 33467			Mailing Address MEYER MILLER 6781 VERSAILLES COURT LAKE WORTH FL 33467 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1819399	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRIEGER, HERBERT 5237 FOUNTAINS DR S LAKE WORTH FL 33467			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Herbert Krieger</i></u> (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHESTER, HARRY 4408 FOUNTAIN DRIVE LAKE WORTH FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLATTER, MICKEY 6888 FOUNTAINS CIRCLE LAKE WORTH FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HONIG, DONALD 4650 FOUNTAIN DRIVE S LAKE WORTH FL 33467	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIEGER, HERBERT 5257 FOUNTAINS DR. SO. LAKE WORTH FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Herbert Krieger Pres</i></u> <u><i>5/29/2007</i></u> <u><i>561-439-8938</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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1st MOORE CR2E037 (10/06)