

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90126 030 \*\*\*\*70.00

**DOCUMENT # N00000000296**

1. Entity Name

**FOUNTAIN OF LIFE COMMUNITY MINISTRIES, INC.**

Principal Place of Business

**190 NW 29TH AVE.  
 FT. LAUDERDALE FL 33311-8505**

Mailing Address

**190 NW 29TH AVE.  
 FT. LAUDERDALE FL 33311-8505**

2. Principal Place of Business

**2897 W. Broward Blvd.**

3. Mailing Address

**190 N.W. 29th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, Florida Ft. Lauderdale, FL.**

Zip

**33311**

Country

**Broward**

Zip

**33311-8542**

Country

**Broward**

4. FEI Number

**65-0976537**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPRY, LONNIE B  
 190 NW 29TH AVE.  
 FT. LAUDERDALE FL 33311-8505**

7. Name and Address of New Registered Agent

Name

**LONNIE B. SPRY**

Street Address (P.O. Box Number is Not Acceptable)

**190 N.W. 29th Ave.**

**FORT LAUDERDALE,**

City

**FORT LAUDERDALE,**

**FL**

Zip Code

**33311-8542**

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.

SIGNATURE **REV. DR. LONNIE B. SPRY, PRES.**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01-06-01**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **WILSON, BENJAMIN**  
 STREET ADDRESS **190 NW 29TH AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311-8505**

TITLE **T** ☐ Delete  
 NAME **MOORE, DARRELL**  
 STREET ADDRESS **190 NW 29TH AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311-8505**

TITLE **S** ☐ Delete  
 NAME **WILSON, CHARLEEN**  
 STREET ADDRESS **190 NW 29TH AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311-8505**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
 NAME **LONNIE B. SPRY, SR.**  
 STREET ADDRESS **190 N.W. 29th AVE.**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33311-8542**

TITLE **S** ☒ Change ☐ Addition  
 NAME **CHARLEEN WILSON**  
 STREET ADDRESS **939 S.W. 4 ST. #4**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33312**

TITLE **T** ☒ Change ☐ Addition  
 NAME **DARRELL MOORE**  
 STREET ADDRESS **13150 Memorial Hwy. #1J**  
 CITY-ST-ZIP **MIAMI, FLORIDA 33161**

TITLE **D** ☒ Change ☒ Addition  
 NAME **BENJAMIN WILSON**  
 STREET ADDRESS **939 S.W. 4 ST. #4**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33312**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHRISTINE L. SCOTT**  
 STREET ADDRESS **1100 N.W. 7 ST. #4**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33311**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MIMOSE FLEURINORD**  
 STREET ADDRESS **1850 N. E. 167 ST. #3**  
 CITY-ST-ZIP **MIAMI BCH., FL. 33162**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **REV. DR. LONNIE B. SPRY, PRES.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-06-01**

Date

**(954)**

**327-7488**

Daytime Phone #

CR2E037 (10/00)