

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91882 003 ****70.00

DOCUMENT # N00000000296

1. Entity Name
FOUNTAIN OF LIFE COMMUNITY MINISTRIES, INC.



Principal Place of Business

**3573 DAVIE BLVD
FT LAUDERDALE FL**

Mailing Address

**190 NW 29 AVENUE
FORT LAUDERDALE FL 33311-8542**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0976537**

Applied For

Not Applicable

Zip

Country

BROWARD

Zip

33311-8542

Country

BROWARD

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRY, LONNIE B

190 NW 29TH AVE.

FORT LAUDERDALE FL 33311-8542

Name

LONNIE B. SPRY

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

190 N.W. 29 AVE

City

FT. LAUDERDALE

FL

Zip Code

33311

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

LONNIE B. SPRY

(NOTE: Registered Agent signature required when reinstating)

04-28-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SPRY, LONNIE B SR	
STREET ADDRESS	190 NW 29TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-8542	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, ORA	
STREET ADDRESS	1201 SW 1 ST. #3	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	MOORE, DARRELL	
STREET ADDRESS	13150 MEMORIAL HWY #1J	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CLAUDINE	
STREET ADDRESS	410 NW 30 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JOHNNY	
STREET ADDRESS	190 NW 29 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311-8542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONNIE B. SPRY, SR	
STREET ADDRESS	190 N.W. 29 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311-8542	
TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DARRELL	
STREET ADDRESS	13150 MEMORIAL HWY #1J	
CITY-ST-ZIP	MIAMI, FL. 33179	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ORA	
STREET ADDRESS	1201 S.W. 1 ST. #3	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33312	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHNNY	
STREET ADDRESS	190 N.W. 29 AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, WILLIE J.	
STREET ADDRESS	172 N.W. 29 AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *LONNIE B. SPRY (pres.)* *04-28-03* *(954)-327-7488*

CR2E037 (10/02)