

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000780

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FOUNTAINS OF LIFE INC.

**Current Principal Place of Business:**

2593 MONTREAL ST.  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

2593 MONTREAL ST.  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 59-3609098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARTZELL, ROBERT  
2593 MONTREAL ST  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARTZELL, ROBERT  
Address: 2593 MONTREAL ST  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP ( ) Delete  
Name: SHELTON, CHUCK  
Address: 2175 FOREST GATE DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: HARTZELL, CYNTHIA  
Address: 2593 MONTREAL ST  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete  
Name: HUBER, HAROLD  
Address: 183 ROYAL PALM DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: MARESMA, BRANDON  
Address: 13423 FOXHAVEN DR N  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: PUSATERI, GREG  
Address: P.O. BOX 1072  
City-St-Zip: STARK, FL 32091

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT HARTZELL

DIRE

03/20/2009

Electronic Signature of Signing Officer or Director

Date