

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90081 043 \*\*\*\*70.00

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07062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N00000008278</b> 1. Entity Name <b>FOUNTAIN OF LIFE BAPTIST CHURCH OF APOPKA, INCORPORATED</b>					
Principal Place of Business <b>4107 KINGSBRIDGE DRIVE</b> <b>ORLANDO, FL 32839-3213</b>				Mailing Address <b>P.O. BOX 2501</b> <b>APOPKA, FL 32704-2501</b>	
2. Principal Place of Business <b>38 WEST 15TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>FOUNTAIN OF LIFE BAPTIST CHURCH</b> <b>P.O. BOX 2501</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3692725</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>APOPKA FLORIDA</b>		City & State <b>APOPKA FLORIDA</b>			
Zip <b>32703</b>		Zip <b>32704-2501</b>			
Country <b>ORANGE</b>		Country <b>ORANGE</b>			
6. Name and Address of Current Registered Agent <b>GRAHAM, VERNON</b> <b>1232 PALM BLUFF DR</b> <b>APOPKA, FL 32712</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>Vernon A. Graham</i></u> <span style="float: right;">7/9/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> <b>Make check payable to Florida Department of State</b> </div>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>DP</b> <b>JACKSON, HERBERT SR</b> <b>4107 KINGSBRIDGE DRIVE</b> <b>ORLANDO, FL 328393213</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>DS</b> <b>JOHNSON, EDWIN</b> <b>328 LAKE DOE BLVD</b> <b>APOPKA, FL 32703</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>DUNN, MICHAEL</b> <b>1071 GULFPOINT LOOP</b> <b>APOPKA, FL 32712</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <b>SAMUEL RAMSITSINGH</b> <b>1398 WOODWEND DRIVE</b> <b>APOPKA, FL 32703</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>TATUM, GEORGE</b> <b>1085 MAXEY DRIVE</b> <b>WINTER GARDEN, FL 34787</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <u><i>Edwin Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-9-05 <span style="float: right;">407-814-8322</span> <small>Date Daytime Phone #</small>		