

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001957

FILED  
May 03, 2005  
Secretary of State

**Entity Name:** FOUNTAIN OF FAITH MINISTRIES INC.

**Current Principal Place of Business:**

15720 NW 37TH CT  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15720 NW 37TH CT  
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number:** 31-1771607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCKALLY, HENRY C  
15720 NW 37TH CT  
MIAMI, FL 33054      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: DCP      ( ) Delete  
Name: MCKALLY, HENRY  
Address: 15720 NW 37TH CT  
City-St-Zip: MIAMI, FL 33054

Title: DV      ( ) Delete  
Name: JOHNSON, DEBORAH  
Address: 1841 N. W. 88TH TERR  
City-St-Zip: MIAMI, FL 33147

Title: DS      ( ) Delete  
Name: MCKALLY, LEOLA  
Address: 15720 NW 37TH CT  
City-St-Zip: MIAMI, FL 33054

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEOLA MCKALLY

DS

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date