FILED
Jun 16, 2002 8:00 am
Secretary of State
05-06-2002 90062 010 ****70.00

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

DOCUMENT # N01000002806

1. Entity Name

Fountain Of Life International, Inc

DO NOT WRITE IN THIS SPACE

35637

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2. Principal Place of Business	3. Mailing Address
3541 S.W. 144 Ave	3341 SW 144 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33027 Country: USA	Zip: 33027 Country: USA

4. FEI Number: 65-095123 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PARRISH SHERRON

Street Address (P.O. Box Number is Not Acceptable): 3541 S.W. 144 Ave

City: MIRAMAR FL Zip Code: 33027

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: X [signature] 4-24-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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	PD	TITLE	
NAME	PARRISH SHERRON	NAME	
STREET ADDRESS	P.O. BOX 278422	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	PARRISH, CARL	NAME	
STREET ADDRESS	P.O. BOX 278422	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BISHOP, LORITHA	NAME	
STREET ADDRESS	P.O. BOX 278422	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MINCEY, JUANITA	NAME	
STREET ADDRESS	P.O. BOX 278422	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SHEPPARD, VALERIE	NAME	
STREET ADDRESS	P.O. BOX 278422	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #