2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2011
Secretary of State

DOCUMENT# N01000002806

Entity Name: FOUNTAIN OF LIFE COMMUNITY DEVELOPMENT CENTER INC.

Current Principal Place of Business:

3541 S.W. 144 AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

3541 S.W. 144 AVENUE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-1095123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARRISH, SHERRON
3541 S.W. 144 AVENUE
MIRAMAR, FL 33027 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: PD
Name: PARRISH, SHERRON
Address: P.O. BOX 278422
City-St-Zip: MIRAMAR, FL 33027

Title: CHMA
Name: KING, SHAMEIKA
Address: P.O. BOX 278422
City-St-Zip: MIRAMAR, FL 33027

Title: D
Name: JOHNSON, SHERYL
Address: P.O. BOX 278422
City-St-Zip: MIRAMAR, FL 33027

Title: D
Name: SCOTT, ELIZABETH
Address: 8263 NW 5TH COURT
City-St-Zip: MIAMI, FL 33150

Title: D
Name: DAVIS, JALANI
Address: P.O. BOX 278422
City-St-Zip: MIRAMARI, FL 33027

Title: SEC
Name: MITCHELL, ROYANNE
Address: 3541 SW 144TH AVE
City-St-Zip: MIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: SHERRON PARRISH P.D 08/12/2011

Electronic Signature of Signing Officer or Director — Date