

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-16-2004 90115 005 ****61.25

DOCUMENT # N01000003238

1. Entity Name

FOUNTAIN OF GRACE & MERCY MINISTRIES, INC.



Principal Place of Business

**4610 E. HANNA AVE.
TAMPA FL 33610**

Mailing Address

**13606 PLATTE CREEK CIRCLE
CIR #1
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-3712086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLUOKUN, REV. SUNDAY
13606 PLATTE CREEK CIR #1
TAMPA FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OLUOKUN, SUNDAY	
STREET ADDRESS	16820 STANZA COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PT	<input type="checkbox"/> Delete
NAME	OLUOKUN, OYENIRAN	
STREET ADDRESS	13606 PLATTE CREEK CIR #1	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLUSANYA, OLUSOLA	
STREET ADDRESS	14550 BRUCE B DOWNS BLVD #113	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANYA, ADENIKE	
STREET ADDRESS	5659 KINGFISH DRIVE #D	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JEMA	
STREET ADDRESS	3706 W IDLEWILD AVE #903	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALETI, BOSUN	
STREET ADDRESS	16550 FORESTLAKE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OYENIRAN OLUOKUN

Date

Daytime Phone #

04/26/04 (813) 903-0255