

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90018 024 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3712086

Applied For

No: 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, 2008

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-STATE-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLUSANYA, OLUSOLA	
STREET ADDRESS	14550 BRUCE B DOWNS BLVD #113	
CITY-STATE-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANYA, ADENIKE	
STREET ADDRESS	5659 KINGFISH DRIVE #D	
CITY-STATE-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALETI, BOSUN	
STREET ADDRESS	16550 FORESTLAKE DRIVE	
CITY-STATE-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTHER OLUKEMI OLUOKUN	
STREET ADDRESS	13606 PLATTE CREEK CIR #1	
CITY-STATE-ZIP	TAMPA, FL 33613-4337	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* STEPHEN OYENIBAN OLUOKUN 02/03/08 (813) 903-0255