

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006796

FILED
Mar 26, 2005
Secretary of State

Entity Name: THE FOUNTAIN OF LIFE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

10200 SW 168TH STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10200 SW 168TH STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: 55-0795096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARD, ANTHONY
9032 SW 152ND STREET
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

A. BERNARD FINANCIAL SERVICES INC
9032 SW 152ND STREET
MIAMI, FL 33157 US

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: ANTHONY BERNARD

03/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GORE, WISCOUNSIN
Address: 10200 SW 168TH STREET
City-St-Zip: MIAMI, FL 33157

Title: VD () Delete
Name: CAMPBELL, ALVIN
Address: 10300 SW 183RD STREET
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: MARTIN, EVERLIN
Address: 16230 SW 100TH TERRACE
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: LOPEZ, CAROL PIERRE
Address: 12250 SW 191 TERR
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: GORE, MARILYN
Address: 10200 SW 168TH STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: GORE, WISCOUNSIN
Address: 10200 SW 168TH STREET
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WINCOUNSIN GORE

CD

03/26/2005

Electronic Signature of Signing Officer or Director

Date