2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
10200 SW 168TH STREET MIAMI, FL 33157	10200 SW 168TH STREET MIAMI, FL 33157

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03012006 No Chg-NP CRZE037 (11/05)

4. FEI Number
55-0795096
☐ Applied For
☐ Not Applicable

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

6. *Name and Address of Current Registered Agent*

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

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GORE, WISCOUNSIN
STREET ADDRESS	10200 SW 168TH STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VD
NAME	CAMPBELL, ALVIN
STREET ADDRESS	10300 SW 183RD STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	TD
NAME	MARTIN, EVERLIN
STREET ADDRESS	16230 SW 100TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	SD
NAME	LOPEZ, CAROL PIERRE
STREET ADDRESS	12250 SW 191 TERR
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	GORE, MARILYN
STREET ADDRESS	10200 SW 168TH STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80008-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Wiscoun Gore WISCOUNSIN GORE (PRESIDENT) 03-01-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #