

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006796

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



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

Mailing Address
**10200 SW 168TH STREET
MIAMI, FL 33157**



02272008 No Chg-NP

CR2E037 (4/06)

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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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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
GORE, WISCOUNSIN
10200 SW 168TH STREET
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CAMPBELL, ALVIN
10300 SW 183RD STREET
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MARTIN, EVERLIN
16230 SW 100TH TERRACE
MIAMI, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LOPEZ, CAROL PIERRE
12250 SW 191 TERR
MIAMI, FL 33177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GORE, MARILYN
10200 SW 168TH STREET
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 04-15-08

✓ 305-431-4368