

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
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02272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0795096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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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05/16/08-80033-010 70.00

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]* 04-15-08 305-431-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #