

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
May 02, 2006 8:00 am
Secretary of State

04-06-2006 90015 047 ****61.25

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1. Entity Name
FOUNTAIN OF LIFE ASSEMBLY LAKE WORTH, INC.



Principal Place of Business
**6223 C. DURHAM DRIVE
LAKE WORTH, FL 33467-8716**

Mailing Address
**6223 C. DURHAM DRIVE
LAKE WORTH, FL 33467-8716**

DO NOT WRITE IN THIS SPACE



03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 41-2112906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BENT, MICAH O
6223 C. DURHAM DRIVE
LAKE WORTH, FL 33467-8716**

**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

Micah O Bent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3/27/06

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENT, MICAH O
STREET ADDRESS	6223 C. DURHAM DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 334678716

TITLE	D
NAME	BENT, JENEITA
STREET ADDRESS	6223 C. DURHAM DRIVE
CITY - ST - ZIP	LAKE WORTH, FL 334678716

TITLE	D
NAME	COOKSON, DENHAM
STREET ADDRESS	5109 SANCERRE CIRCLE
CITY - ST - ZIP	LAKE WORTH, FL 33467

TITLE	D
NAME	HIGGINS, ALDOS L
STREET ADDRESS	290 S. BEL AIRE DRIVE
CITY - ST - ZIP	PLANTATION, FL 333173444

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

Micah O Bent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

Daytime Phone #