

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

05-07-2007 90053 019 ****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**

66019699



DO NOT WRITE IN THIS SPACE

04222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
41-2112906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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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 *M. O. Bent*

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

(NOTE: Registered Agent signature required when registering)

4/24/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

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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: *M. O. Bent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/07
Date Daytime Phone #