


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

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000008549 1. Entity Name FOUNTAIN OF LIFE ASSEMBLY LAKE WORTH, INC.	
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Principal Place of Business 6223 C. DURHAM DRIVE LAKE WORTH, FL 33467-8716	Mailing Address 6223 C. DURHAM DRIVE LAKE WORTH, FL 33467-8716
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 41-2112906	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 BENT, MICAH O 6223 C. DURHAM DRIVE LAKE WORTH, FL 33467-8716

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 <u>Micah Bent</u> DATE <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENT, MICAH O 6223 C. DURHAM DRIVE LAKE WORTH, FL 334678716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENT, JENEITA 6223 C. DURHAM DRIVE LAKE WORTH, FL 334678716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKSON, DENHAM 5109 SANCERRE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, ALDOS L 290 S. BEL AIRE DRIVE PLANTATION, FL 333173444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Micah Bent</u> DATE <u>4/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

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05/21/08-80114-018 61.25