2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N02000008549

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

Current Principal Place of Business:

6223 C. DURHAM DRIVE
LAKE WORTH, FL 334678716

New Principal Place of Business:

Current Mailing Address:

6223 C. DURHAM DRIVE
LAKE WORTH, FL 334678716

New Mailing Address:

FEI Number: 41-2112906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENT, MICAH O
6223 C. DURHAM DRIVE
LAKE WORTH, FL 334678716 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENT, MICAH O
Address: 6223 C. DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 334678716

Title: D ( ) Delete
Name: BENT, JENEITA
Address: 6223 C. DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 334678716

Title: D ( ) Delete
Name: COOKSON, DENHAM
Address: 5109 SANCERRE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: HIGGINS, ALDOS L
Address: 290 S. BEL AIRE DRIVE
City-St-Zip: PLANTATION, FL 333173444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICAH O BENT PAST 03/19/2009

Electronic Signature of Signing Officer or Director — Date