2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-04-2003 90058 033 ****61.00 N02000008549

DOCUMENT # N02000008549

1. Entity Name

FOUNTAIN OF LIFE ASSEMBLY LAKE WORTH, INC.

FILED PICTURE TARY OF STAIL PISTON OF CORPORATION

03 OCT 30 AM O

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6223 C. DURHAM DRIVE 6223			ng Address C. Durham Drive Worth FL 33467-87	716					
2. Principal I	Place of Business	3. Mai	ling Address		<u> </u>				
Suite, Apt.	t. #, etc.	Su	Suite, Apt. #, etc.			42	CHECK HERE IF MA	KING CHANGE	s
City & Star	ate	Ci	City & State			4. FEI Number	11-21129	106 1	Applied For
Zip	Country	p	Countr	у	- B. Certificate of St		\$8.75 A	dditional	
6. Name and Address of Current Registered Agent						7. Name and Add	ress of New Registe	 	
	01 11-11-0 21-0 11-0 11-0				Name				
BENT, M	IICAH O DURHAM DRIVE			· -	Street Address	(P.O. Box Number is h	Not Acceptable)		
	ORTH FL 33467-87,16		·						
				['	City			FL Zip Co	de
B. The above	e named entity submits this statemen	nt for the ourp	ose of changing its	registered	office or registe	ered agent, or both, in	the State of Florida. I	am familiar with	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	gent and tide if app	ilicable, (NOTI	E: Registered Ag	eriupat suutangie ma	ed when reinstating)	D/	ATE	
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Trust Fund Contrib						\$5.00 May Be Added to Fees		neck Payable partment of	
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGE	ES TO OFFICERS AND	D DIRECTORS I	N 10
TITLE	ID		☐ Delete	TITLE				☐ Change	Addition
NAME	BENT, MICAH O			NAME					
STREET ADDRESS	6223 C. DURHAM DRIVE			STREET A	1				
CITY-ST-ZIP	LAKE WORTH FL 33467-8716								
TITLE	10			CITY-ST-	ZIP				<u>.</u>
	D CONTRACTA		☐ Oalete	TITLE	ZIP		<u> </u>	☐ Change	☐ Addition
NAME	BENT, JENEITA		☐ Oalete	TITLE		·		Change	Addition
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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 Teoglied 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:

Date

Daytime Phone #