2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008
Secretary of State

DOCUMENT# N03000010560

Entity Name: FOUNTAIN OF GOD MINISTRIES FAMILY CENTER INC.

Current Principal Place of Business:

1675 NORTHWEST 94 AVENUE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970015
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 68-0504765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, W. KEITH
1675 NORTHWEST 94 AVENUE
CORAL SPRINGS, FL 33071 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: PP ( ) Delete
Name: WILLIAMS, KEITH
Address: 6204 NW 10 ST
City-St-Zip: MARGATE, FL 33063

Title: VT ( ) Delete
Name: WILLIAMS, VALERIE
Address: 6204 NW 10 ST
City-St-Zip: MARGATE, FL 33063

Title: ST ( ) Delete
Name: KOSEC, RUBY
Address: P O BOX 970015
City-St-Zip: COCONUT CREEK, FL 33097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition
Name: WILLIAMS, KEITH
Address: 5188 N.W 47 AVE
City-St-Zip: COCONUT CREEK, FL 33073

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: KEITH WILLIAMS PRES 07/29/2008

Electronic Signature of Signing Officer or Director — Date