


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

FILED

**Jan 25, 2007 08:00 A
Secretary of State**

DOCUMENT # N03755		
1. Entity Name FOUNTAIN OF ETERNAL LIFE CHURCH, INC.		
Principal Place of Business 6934 W COMANCHE AVE. TAMPA, FL 33634-4944		Mailing Address PO BOX 262156 TAMPA, FL 33685-2156
DO NOT WRITE IN THIS SPACE		
		01142007 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-2967315		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GARCIA, JORGE 1803 BRUST AVENUE TAMPA, FL 33612		DO NOT WRITE 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:  <small>Signature Typed or printed name of registered agent and title if applicable.</small>		DATE: 1/14/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JORGE 1803 BRUST AVENUE TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, VIRGILIO 6413 CASCITAS COURT APT. 132 TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARGETA, SANTOS I 10612 MURRY STREET TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 817, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 1/14/07 <small>Daytime Phone #</small>