

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000378

FILED
Jun 23, 2009
Secretary of State

Entity Name: FOUNTAIN OF LIFE UNITED DENOMINATIONAL CHURCH, INC.

Current Principal Place of Business:

623 EAST NOBLE AVE.
WILLISTON, FL 326961053

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1053
WILLISTON, FL 326961053

New Mailing Address:

FEI Number: 20-0497593 **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:

JONES, JOHNNIE III
16390 NE 55TH STREET
WILLISTON, FL 32696 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: CD () Delete
Name: JONES, JOHNNIE III
Address: 16390 NE 55TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: BOATWRIGHT, WILLIE JR.
Address: 891 N.E. 200TH AVE.
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: BOATWRIGHT, GUSSIE M
Address: 891 N.E. 200TH AVE.
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: GRIMES, SHARON
Address: 13381 N.E. 52ND ST.
City-St-Zip: WILLISTON, FL 32696

Title: VD () Delete
Name: JONES, CHERYL D
Address: 16390 NE 55TH STREET
City-St-Zip: WILLISTON, FL 32696

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:

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: JOHNNIE JONES III

CD

06/23/2009

Electronic Signature of Signing Officer or Director

Date