

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90109 047 ****61.25

DOCUMENT # N04000003131

1. Entity Name

FOUNTAIN PENTECOSTAL MINISTRIES INC



Principal Place of Business

**18738 HWY 231
FOUNTAIN FL 32438**

Mailing Address

**P.O. BOX 162
FOUNTAIN FL 32438**

50028904



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

20105 HWY 231

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 162

Suite, Apt. #, etc.

City & State

FOUNTAIN FLORIDA

City & State

FOUNTAIN FL

4. FEI Number

75-3155569

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, CHARLES TERRELL
1311 NELSON HILL LANE
ALFORD FL 32420**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Charles Terrell Nelson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, C. TERRELL	
STREET ADDRESS	1311 NELSON LANE	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	STEWART, FRANK	
STREET ADDRESS	19610 ROSS RD	
CITY-ST-ZIP	FOUNTAIN FL 32438	
TITLE	M	<input type="checkbox"/> Delete
NAME	NELSON, JAMES E SR	
STREET ADDRESS	1308 NELSON LANE	
CITY-ST-ZIP	ALFORD FL 32420	
TITLE	M	<input type="checkbox"/> Delete
NAME	ADAMS, RAY	
STREET ADDRESS	11909 HARRINGTON RD	
CITY-ST-ZIP	FOUNTAIN FL 32438	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Fisher	
STREET ADDRESS	161 Hitchcock Rd	
CITY-ST-ZIP	South Port FL 32409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:

Charles Terrell Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #