


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N04000003131	
1. Entity Name FOUNTAIN PENTECOSTAL MINISTRIES INC	

Principal Place of Business 20105 HWY 231 FOUNTAIN, FL 32438	Mailing Address P.O. BOX 162 FOUNTAIN, FL 32438
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3155569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 C. Terrell Nelson 3-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, C. TERRELL 1311 NELSON LANE ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FISHER, ROBERT 161 HITCHCOCK RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NELSON, JAMES E SR 1308 NELSON LANE ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BENNETT, MARTIN P.O. BOX 151 FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000848923
03/20/08-80022-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: C. Terrell Nelson 3-11-08 850 896 8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P.O. Box to this address has been CANCELED