

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003662

FILED
Apr 30, 2009
Secretary of State

Entity Name: FOUNTAIN OF LIFE MISSION CENTER, INC.

Current Principal Place of Business:

16341 NW 17TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16341 NW 17TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 30-0248909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISMA, GUY-ALAIN
16341 NW 17TH STREET
PEMBROKE PINES, FL 33028 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: PCEO () Delete
Name: ISMA, GUY-ALAIN
Address: 16341 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: EX.D () Delete
Name: ISMA, MICHELLE J
Address: 16341 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V-P () Delete
Name: JOSEPH, GERALDA
Address: 45 NW 47TH TERRACE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: LAURISTON, STEVEN
Address: 460 NW 89TH STREET
City-St-Zip: MIAMI SHORES, FL 33150

Title: S () Delete
Name: DELICE, ROSELINE
Address: 18650 , APT# 106
City-St-Zip: OPALOCKA, FL 33056

Title: T () Delete
Name: ALAZY, GUILAINE
Address: 7618N BILTMORE BLVD
City-St-Zip: MIRAMAR, FL 33023

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:

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: GUY-ALAIN ISMA

PCEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date