

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003662

FILED
May 31, 2010
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
Name: ISMA, GUY-ALAIN
Address: 16341 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

Title: D
Name: SEVERE, QUERLY PASTOR
Address: 1051 NE 169TH STREET
City-St-Zip: N. MIAMI, FL 33162

Title: S
Name: DELICE, ROSELINE
Address: 7813 SHALIMAR STREET
City-St-Zip: MIRAMAR, FL 33023

Title: T
Name: ISMA, GUILAINE A
Address: 16341 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: GUY-ALAIN ISMA

PCEO

05/31/2010

Electronic Signature of Signing Officer or Director

Date