## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400003662

**FILED** May 01, 2012 Secretary of State

Entity Name: FOUNTAIN OF LIFE MISSION CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

16341 NW 17TH STREET PEMBROKE PINES, FL 33028

**Current Mailing Address: New Mailing Address:** 

16341 NW 17TH STREET PEMBROKE PINES, FL 33028

FEI Number: 30-0248909 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ISMA, GUY-ALAIN 16341 NW 17TH STREET PEMBROKE PINES, FL 33028 US

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:** 

**PCEO** 

ISMA, GUY-ALAIN REV. Name: Address: 16341 NW 17TH STREET City-St-Zip: PEMBROKE PINES, FL 33028

Title: EX.D

Name: ISMA, MICHELLE J RN, BSN Address: 16341 NW 17TH STREET City-St-Zip: PEMBROKE PINES, FL 33028

Title: V-P

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

Title:

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

Title:

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

Title:

ALTIMEAUX, ERIDA EX.D Name: Address: 19610 NW 82ND CT HIALEAH, FL 33015 City-St-Zip:

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** 05/01/2012