2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N07000003386

Entity Name: FOUNTAIN OF LIFE INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

3541 SW 144TH AVE.
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

3541 SW 144TH AVE.
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-8796006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCOTT, ELIZABETH
8263 NW 5TH COURT
MIAMI, FL 33150 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:	PD	( ) Delete
Name:	PARRISH, SHERRON DR	
Address:	3541 SW 144TH AVE.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	VD	( ) Delete
Name:	PARRISH, CARL	
Address:	3541 SW 144TH AVE.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	TD	( ) Delete
Name:	BISHOP, LORETTA	
Address:	3541 SW 144TH AVE.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	SD	( ) Delete
Name:	SCOTT, ELIZABETH	
Address:	3541 SW 144TH AVE.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	D	( ) Delete
Name:	PERKINS, MARY	
Address:	3541 SW 144TH AVE.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:	SD	(X) Change ( ) Addition
Name:	MITCHELL, GERMAINE	
Address:	8612 N. LEXINGTON DR	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	D	(X) Change ( ) Addition
Name:	CORTES, DIONE	
Address:	P.O BOX 278422	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	D	( ) Change (X) Addition
Name:	WILLIAMS, ANTONIO	
Address:	P.O. BOX 278422	
City-St-Zip:	MIRAMAR, FL 33027	

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: SHERRON PARRISH PD 05/20/2008

Electronic Signature of Signing Officer or Director — Date