2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# N07000007254

Entity Name: FOUNTAIN OF BLESSINGS, INC.

Current Principal Place of Business:

145 COUNTRY CLUB DRIVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

145 COUNTRY CLUB DRIVE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 26-1443009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LATORTUE, MARY M
9719 YESHUA WAY
TAMPA, FL 33618 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: T
Name: LATORTUE, REYNALD F
Address: 9719 YESHUA WAY
City-St-Zip: TAMPA, FL 33618

Title: S
Name: LATORTUE, ROSEMAY
Address: 9723 YESHUA WAY
City-St-Zip: TAMPA, FL 33618

Title: P
Name: WATSON, PATRICK G MD
Address: 9723 YESHUA WAY
City-St-Zip: TAMPA, FL 33618

Title: D
Name: JURDINE, MARVA
Address: 20230 EMMITTS'S CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D
Name: ETHRIDGE, JIMMI MD
Address: 17718 ESPRIT DRIVE
City-St-Zip: TAMPA, FL 33647

Title: C
Name: JOHNSON, DENIS MD
Address: 7723 N MOBLEY ROAD
City-St-Zip: ODESSA, FL 33556

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: REYNALD LATORTUE T 02/22/2011

Electronic Signature of Signing Officer or Director Date