

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009682

FILED
Feb 16, 2010
Secretary of State

Entity Name: FOUNTAIN OF FAITH, INC.

Current Principal Place of Business:

4642 LEESBURG AVENUE
NORTH PORT, FL 34288

New Principal Place of Business:

19800 VETERANS BLVD
UNIT B-5
PORT CHARLOTTE, FL 33948

Current Mailing Address:

4642 LEESBURG AVENUE
NORTH PORT, FL 34288

New Mailing Address:

FEI Number: 61-1571775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRAWFORD, LEVI
4642 LEESBURG AVENUE
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

CRAWFORD, LEVI L PASTOR
4642 LEESBURG AVENUE
NORTH PORT, FL 34288 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: LEVI CRAWFORD

02/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CRAWFORD, LEVI L PASTOR
Address: 19385 WATER OAK DR #103
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S
Name: MARYON, CASEY R
Address: 2231 RUSHMORE AVE
City-St-Zip: NORTH PORT, FL 34288

Title: T
Name: CRAWFORD, CHRISTINE TREASUR
Address: 4642 LEESBURG AVENUE
City-St-Zip: NORTH PORT, FL 34288

Title: VP
Name: MARYON, TIM J PASTOR
Address: 2231 RUSHMORE AVE
City-St-Zip: NORTH PORT, FL 34288

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: LEVI CRAWFORD

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date