

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008875

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** FOUNTAINS OF RELIEF, INC.

**Current Principal Place of Business:**

MLC 37, 9601 MICCOSUKEE RD  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

MLC 37, 9601 MICCOSUKEE RD  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BOYER, DAVID  
2532 GOLDEN PARK LN  
TALLAHASSEE, FL 32303 US

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

SHEEKS, EDIE  
MLC 37, 9601 MICCOSUKEE RD  
TALLAHASSEE, FL 32309 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: EDIE SHEEKS

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHEEKS, EDIE  
Address: MLC 37, 9601 MICCOSUKEE RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST  
Name: STACHURSKI, CAROL  
Address: 4700 FLOWERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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: EDIE SHEEKS

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date