FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24822 (1)

1. Corporation Name
FOUNTAIN OF LIFE MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~229 U.S. 27 SOUTH~~ ~~SEBRING FL 33870-2105~~	~~223 U.S. 27 SOUTH~~ ~~SEBRING FL 33870-2105~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1988
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-2874136 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4571 Sparta Rd.	26 1029 16th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sebring Fl.	28 City & State: Sebring Fl
24 Zip: 33872 25 Country: USA.	29 Zip: 33872 30 Country: USA.

9. Name and Address of Current Registered Agent

COOKE, GORDON
1029 16TH AVE
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP. ☑ Change ☐ Addition
NAME	O'BRIEN, BILL	1.2 NAME	Canning John
STREET ADDRESS	13 TWIN LAKES RD	1.3 STREET ADDRESS	2825 Pompano Dr.
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	Sebring Fl 33870
TITLE	TD	2.1 TITLE	TD ☐ Change ☐ Addition
NAME	COOKE, GORDON	2.2 NAME	Cooke, Gordon
STREET ADDRESS	1029 16TH AVE	2.3 STREET ADDRESS	1029 16th Ave
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Sebring Fl 33872
TITLE	SD	3.1 TITLE	SD. ☑ Change ☐ Addition
NAME	LILLAND, MARK	3.2 NAME	Farquhar, Frank
STREET ADDRESS	136 S RIDGEWOOD	3.3 STREET ADDRESS	719 E Ill. St. Rd.
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring Fl 33870
TITLE	D	4.1 TITLE	P ☑ Change ☐ Addition
NAME	BREWER, BILL	4.2 NAME	Smith, Mike
STREET ADDRESS	715 LAKE BLUE DR.	4.3 STREET ADDRESS	6400 E Lane
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	Sebring Fl 33872
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	OBRIEN, WILLIAM	5.2 NAME	
STREET ADDRESS	13 TWIN LAKES ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gordon B Cooke 3/5/95 813-453-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050260