


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90068 030 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25449			
1. Corporation Name FOUNTAIN OF LIFE, INC.			
Principal Place of Business 312 S. OLD DIXIE HWY 104 JUPITER FL 33458 US		Mailing Address P.O. BOX 2358 JUPITER FL 33468 US	



2. Principal Place of Business 21 2869 SW MONARCH TR		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/17/1988	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0033456	
23 City & State STUART FL.		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34997		25 Country US		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LAMBERT, LAWRENCE 2869 SW MONARCH TRAIL STUART FL 34997				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, LAWRENCE E.		1.2 NAME		
STREET ADDRESS	2869 SW MONARCH TR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, ELAINE A.		2.2 NAME		
STREET ADDRESS	2869 SW MONARCH TR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		2.4 CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKING, DONALD		3.2 NAME		
STREET ADDRESS	1003 SUMMER WINDS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		3.4 CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKING, BECKY A		4.2 NAME		
STREET ADDRESS	1003 SUMMER WINDS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

L. SIGNATURE PLAWRENCE LAMBERT

4-199 561 289-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0046436

CR2E037-(11/98)