

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90353 010 ****61.25

DOCUMENT #

N41253

1. Entity Name

FOUNTAIN OF LIFE MINISTRIES, INC.
OF WAUCHULA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

311 GOOLSBY AVE.

3. Mailing Address

2028 HWY. 17 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WAUCHULA, FL.

City & State

WAUCHULA, FL.

4. FEI Number

59-3046238

Applied For

Not Applicable

Zip

33873

Country

HARDEE

Zip

33873

Country

HARDEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALFREDO CARDONA

Street Address (P.O. Box Number is Not Acceptable)

2028 HWY. 17 N.

City

WAUCHULA

FL

Zip Code
33873

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PASTOR
ALFREDO CARDONA
2028 HWY. 17 N.
WAUCHULA, FL. 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
ANNA MARTINEZ
509 S. 11th AVE.
WAUCHULA, FL. 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TRUSTEE
LUPE ROSALES
2577 GARZA RD.
ZOLFO SPRINGS, FL. 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TRUSTEE
MARIA CARDONA
2028 HWY. 17 N.
WAUCHULA, FL. 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Cardona MARIA CARDONA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 (88) 773-2672

Date

Daytime Phone #

CR2E037B (12/02)