

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90082 044 ****61.25

DOCUMENT # N41253 1. Entity Name FOUNTAIN OF LIFE MINISTRIES, INC. OF WAUCHULA			
Principal Place of Business 311 GOOLSBY AVE WAUCHULA FL 33873		Mailing Address 2028 HWY 17 NORTH WAUCHULA FL 33873	
2. Principal Place of Business 311 GOOLSBY AVE.		3. Mailing Address 2028 HWY 17 N.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WAUCHULA, FLORIDA		City & State WAUCHULA, FLORIDA	
Zip 33873		Zip 33873	
Country HARDEE		Country HARDEE	
4. FEI Number 59-3046238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDONA, ALFREDO 2028 HWY 17 NORTH WAUCHULA FL 33873		7. Name and Address of New Registered Agent Name CARDONA, MARIA Street Address (P.O. Box Number is Not Acceptable) 2028 HWY 17 N. WAUCHULA, FL. City 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 <u><i>Maria Cardona</i></u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* TRUSTEE CARDONA, ALFREDO 2028 HWY 17 NORTH WAUCHULA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR CARDONA MARIA 2028 HWY 17 N. WAUCHULA, FL. 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* PASTOR CARDONA, MARIA 2028 HWY 17 NORTH WAUCHULA FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CARDONA, ALFREDO 2028 HWY 17 N. WAUCHULA, FL. 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, ANNA 509 S. 11TH AVE. WAUCHULA FL 33873 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DEBBY CRUZ 1655 N. OAK PARK AVE. AVON PARK, FL. 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSALES, LUPE 2577 GARZA RD. ZOLFO SPRINGS FL 33890 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Maria Cardona</u> MARIA CARDONA 2-15-05 (863) 773-2672 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			