

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3046238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARDONA, MARIA
2028 HWY 17 NORTH
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

T ☐ Delete
NAME: **CARDONA, ALFREDO**
STREET ADDRESS: **2028 HWY 17 NORTH**
CITY-STATE-ZIP: **WAUCHULA FL 33873**

P ☐ Delete
NAME: **CARDONA, MARIA**
STREET ADDRESS: **2028 HWY 17 NORTH**
CITY-STATE-ZIP: **WAUCHULA FL 33873**

S ☐ Delete
NAME: **CRUZ, DEBBY**
STREET ADDRESS: **1655 N OAK PARK AVE**
CITY-STATE-ZIP: **AVON PARK FL 33825**

T ☐ Delete
NAME: **ROSALES, LUPE**
STREET ADDRESS: **2577 GARZA RD.**
CITY-STATE-ZIP: **ZOLFO SPRINGS FL 33890**

☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME:
STREET ADDRESS: **U000000632596**
CITY-STATE-ZIP: **02/21/07-80030-004 61.25**

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Maria Cardona*

MARIA CARDONA

2-7-07

(863) 773-2672