


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90110 028 ****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
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2. Principal Place of Business - No P.O. Box # 311 GOOLSBY AVE.	3. Mailing Address 2028 HWY. 17 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State WAUCHULA, FL.	City & State WAUCHULA FL.	4. FEI Number 59-3046238	Applied For <input type="checkbox"/> Not Applicable
Zip 33873	Country HARDEE	Zip 33873	Country HARDEE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUENTES, JUAN 111 21ST AVE. S.W. RUSKIN FL 33570	
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7. Name and Address of New Registered Agent	
Name MARK A. CINTRON	
Street Address (P.O. Box Number is Not Acceptable) 605 N. DORT ST. APT. D.	
City PLANT CITY,	FL Zip Code 33563

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 <i>Mark A. Cintron</i>	DATE 4-9-08
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
T NAME CARDONA, ALFREDO STREET ADDRESS 2028 HWY 17 NORTH CITY-ST-ZIP WAUCHULA FL 33873	<input type="checkbox"/> Delete
P NAME CARDONA, MARIA STREET ADDRESS 2028 HWY 17 NORTH CITY-ST-ZIP WAUCHULA FL 33873	<input type="checkbox"/> Delete
S NAME CRUZ, DEBBY STREET ADDRESS 1655 N OAK PARK AVE CITY-ST-ZIP AVON PARK FL 33825	<input type="checkbox"/> Delete
T NAME ROSALES, LUPE STREET ADDRESS 2577 GARZA RD. CITY-ST-ZIP ZOLFO SPRINGS FL 33890	<input checked="" type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME BALDERAS, BARBARA STREET ADDRESS 180 COLLEGE LANE CITY-ST-ZIP ZOLFO SPRINGS, FL. 33890	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Maria Cardona</i>	MARIA CARDONA 4-10-08 (863) 773-2672
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