

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41253

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** FOUNTAIN OF LIFE MINISTRIES, INC. OF WAUCHULA

**Current Principal Place of Business:**

311 GOOLSBY AVE  
WAUCHULA, FL 33873

**New Principal Place of Business:**

501 N 9TH AVE  
WAUCHULA, FL 33873

**Current Mailing Address:**

2028 HWY 17 NORTH  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 59-3046238      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CINTRON, MARK A  
605 N DORT ST., APT. D  
PLANT CITY, FL 33563      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: CARDONA, ALFREDO  
Address: 2028 HWY 17 NORTH  
City-St-Zip: WAUCHULA, FL 33873

Title: P ( ) Delete  
Name: CARDONA, MARIA  
Address: 2028 HWY 17 NORTH  
City-St-Zip: WAUCHULA, FL 33873

Title: S ( ) Delete  
Name: CRUZ, DEBBY  
Address: 1655 N OAK PARK AVE  
City-St-Zip: AVON PARK, FL 33825

Title: T ( ) Delete  
Name: BALDERAS, BARBARA  
Address: 180 COLLEGE LANE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CRUZ, DEBBY  
Address: 311 GOOLSBY ST  
City-St-Zip: WAUCHULA, FL 33873

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA CARDONA

P

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date