

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90277 048 ****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

**2153 SHAMROCK ROAD
AVON PARK FL 33825**

2. Principal Place of Business

311 GOOLSBY AVE.

Suite, Apt. #, etc.

3. Mailing Address

2153 SHAMROCK RD.

Suite, Apt. #, etc.

City & State

WAUCHULA, FL.

City & State

AVON PARK, FL.

Zip

33873

Country

USA

Zip

33825

Country

USA

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, ALFREDO
311 GOOLSBY ST
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

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	D	<input type="checkbox"/> Delete
NAME	CARDONA, ALFREDO	
STREET ADDRESS	2153 SHAMROCK RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDONA, MARIA	
STREET ADDRESS	2153 SHAMROCK RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSALES, GUADALUPE	
STREET ADDRESS	64 GARZA RD	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **REQUIRED** MARIA CARDONA 1-10-03 (863) 452-0886

CR2E037 (10/02)