

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42461

(6)

1. Corporation Name

EVANGELICA PENTECOSTAL CHURCH FOUNTAIN OF LIFE, INC.

Principal Place of Business

Mailing Address

**2256 GREENVIEW CIRCLE
ORLANDO FL 32808**

**2256 GREENVIEW CIRCLE
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

10/14/1994

4. FEI Number

59-3063007-593063007

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**HERNANDEZ, EFRAIN
2256 GREENVIEW CIR
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Typed or printed name of registered agent and title (if applicable)

(Signature) Typed or printed name of registered agent and title (if applicable)

(Title)

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY, ST, ZIP

12.29 TITLE

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY, ST, ZIP

12.33 TITLE

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

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13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE:

Efrain Hernandez / EFRAIN HERNANDEZ

Date

5-5-95-407.292

(Signature) (Name)