

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90015 027 \*\*\*\*70.00

**DOCUMENT # N42461**

I. Corporation Name

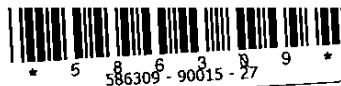
**EVANGELICA PENTECOSTAL CHURCH FOUNTAIN OF LIFE,  
INC.**

Principal Place of Business

318 NOWEEL STREET  
ORLANDO FL 32808  
JS

Mailing Address

2256 GREENVIEW CIRCLE  
ORLANDO FL 32808  
US



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3063007	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD BANKS, SUSY 2737B BENT WILLOW CIRCLE ORLANDO FL 30808	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		1.2 NAME	
TREET ADDRESS		1.3 STREET ADDRESS	
ITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD HERNANDEZ, RAFAELA 2256 GREENVIEW CIRCLE ORLANDO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		2.2 NAME	
TREET ADDRESS		2.3 STREET ADDRESS	
ITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD HERNANDEZ, EFRAIN O 4714 SOUTHDOLD RD ORLANDO FL 32808	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		3.2 NAME	
TREET ADDRESS		3.3 STREET ADDRESS	
ITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		4.2 NAME	
TREET ADDRESS		4.3 STREET ADDRESS	
ITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		5.2 NAME	
TREET ADDRESS		5.3 STREET ADDRESS	
ITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
ITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*EFRAIN HERNANDEZ* 7-3-99 292-2405

CR2E037 (5/99)