

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002816 (5)

1. Corporation Name

FOUNTAINS OF FAITH MINISTRIES, INC.



Principal Place of Business

101 SOUTH SUNSET DRIVE CASSELBERRY FL 32707

Mailing Address

101 SOUTH SUNSET DRIVE CASSELBERRY FL 32707-4315

3. Date Incorporated or Qualified 06/12/1995

3a. Date of Last Report 04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3321749

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

PRATHER, JAMES A IV 101 SOUTH SUNSET DRIVE CASSELBERRY FL 32707

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

TITLE D [] DELETE

NAME PRATHER, JAMES A IV STREET ADDRESS 101 SOUTH SUNSET DRIVE CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D [] DELETE

NAME PRATHER, CRYSTAL L STREET ADDRESS 101 SOUTH SUNSET DRIVE CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D [] DELETE

NAME PRATHER, CYNTHIA D STREET ADDRESS 101 SOUTH SUNSET DRIVE CITY-ST-ZIP CASSELBERRY FL 32707

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012806

CR2E037 (9/96)

3-4-97