FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000002816

FOUNTAINS OF FAITH MINISTRIES, INC.

Principal Place of Business
101 SOUTH SUNSET DRIVE
CASSELBERRY FL 32707

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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101 SOUTH SUNSET DRIVE CASSELBERRY FL 32707

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90070 024 ****61.25



3. Date Incorporated or Qualifed

06/12/1995

59-3321749 --

4. FEI Number

23	[28]			5. Controdic of Catalog Desired	Fee Re	quired		
Zip	· Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29	0		Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	يه او به عمروا او و کريو او به او	e that the set of the set	81	Name				
PRATHER, JAMES A IV 11 AND STREETS, 1912.				Street Add	ress (P.O. Box Number is Not Acceptable	e)		
101 SOUTH SUNSET DRIVE				D. () () ()		- <i>,</i>		
CASSELBERRY FL 32707			83					
	,		84	O'h		85 Zip C	'odo	
era presing provider project 466 (control of the				City	E. E. E. E. A. C. L. Market and appearing the second of	FL 63 2 PC	10 50 72	
11. Pursuant.	to the provisions of Sections 617,0502 a	nd 617 1508, Florida Statutes	, the above	-named corp	poration submits this statement for the pu	rpose of changing its	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autl	norized by	the corporation	on's board of directors. Thereby accept t	he appointment as rec	istered	
agont ra	The familiar with, and accept the congene	10 (01, 00000) 1 10110		•			.	
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 OFFIC	CERS AND DIRECTO	R\$ IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition	
NAME	PRATHER, JAMES A IV		1.2 NAME				ł	
STREET ADDRESS	101 SOUTH SUNSET DRIVE 1.3 ST		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CETY-ST	r-ZIP	en e			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	PRATHER, CRYSTAL L		2.2 NAME				•	
STREET ADDRESS	101 SOUTH SUNSET DRIVE	•	2.3 STREET	ADDRESS	• • • • • • • • • • • • • • • • • • • •	· .	}	
CITY-ST-ZIP	CASSELBERRY FL 32707		2. 4 CITY-S	T-ZIP	•	•		
TITLE	D	☐ DELETE	3.1 TITLE		2.00 .0	☐ Change	Addition	
NAME: 1 11211	PRATHER CYNTHIA Day and a		3.2 NAME					
STREET ADDRESS		- AS-1	3.3 STREET	ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4. CITY- S	T. ZIP				
TITLE		☐ DELETE	4.1 TITLE		****	☐ Change	Addition	
	•	and the	4. 2 NAME	İ	First and Description of the con-			
NAME SOUTH S		in 1986 Maria di Baranda di Salah di S Salah di Salah di Sa	4.3 STREET	ADDRESS				
CITY-ST-ZIP	History of		4.4 CITY-ST	1 '			照供網	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME	İ		5.2 NAME		•	,	· '	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	₽.	•	5.4 CITY-ST	r-ZIP	was to find the			
TITLE	PROPERTY. SPAPE DIETY	☐ DELETE	6.1 TITLE			Change	Addition	
NAME	181 到底的 第三人称单	,	6.2 NAME					
STREET ADDRESS	CASSELSEED IT 1971-7	•	6.3 STREET	ADDRESS	•			
CITY-ST-ZIP	B		6.4 CITY-ST	-ziP				
	ertify that the information supplied with	his files dess not qualify for th			Section 119 07(3)(i) Florida Statutes I fo	other cortify that the in	formation	

reflect the mornal mornal report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. In under cartify 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.

Applied For

\$8.75 Additional

Not Applicable

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