

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003384

1. Entity Name

THE FOUNTAINS OF LIVING WATER MINISTRIES, INCORP

Principal Place of Business

Mailing Address

4612 FRISCO CIRCLE
ORLANDO FL 32808

4612 FRISCO CIRCLE
ORLANDO FL 32808-5018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3332973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMONIA, HENNETTA R
4612 FRISCO CIRCLE
ORLANDO FL 32808

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DEMONIA, HENRIETTA R
STREET ADDRESS 4612 FRISCO CIRCLE
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DEMONIA, WILLIE RAY
STREET ADDRESS 4612 FRISCO CIRCLE
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CARROLL, DENEEN
STREET ADDRESS 2425 SILVER CHASE #5
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE
NAME Demondra Collins
STREET ADDRESS 5493 Timberlake Blvd # 1406
CITY-ST-ZIP ORLANDO, FLA 32811 ☐ Change ☒ Addition

TITLE D
NAME ROSS, PEGGY
STREET ADDRESS 5021 CASERTA ST.
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE
NAME Iris Santiago
STREET ADDRESS 5348 Long Rd. Apt D
CITY-ST-ZIP ORLANDO FLA 32808 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Henrietta R. Demonia* 2-7-2000 407-245-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90015 007 ****61.25



DO NOT WRITE IN THIS SPACE