

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90724 002 \*\*\*\*61.25

**DOCUMENT # N95000003384**

1. Entity Name

**THE FOUNTAINS OF LIVING WATER MINISTRIES, INCORPORATED**

Principal Place of Business

**4612 FRISCO CIRCLE  
 ORLANDO FL 32808**

Mailing Address

**4612 FRISCO CIRCLE  
 ORLANDO FL 32808**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3332973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DEMONIA, HENNETTA R  
 4612 FRISCO CIRCLE  
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent

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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMONIA, HENRIETTA R</b>	
STREET ADDRESS	<b>4612 FRISCO CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMONIA, WILLIE RAY</b>	
STREET ADDRESS	<b>4612 FRISCO CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, DEMONDRA</b>	
STREET ADDRESS	<b>5493 TIMBERLEAF BLVD #1406</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>SANTIAGO, IRIS</b>	
STREET ADDRESS	<b>5348 LONG RD. APT D</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-01-02 407-295-4467**

Date Daytime Phone #

CR2E037 (9/01)