

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N 96 00000 45 85**

Corporation Name

Fountain of Life Christian Church, Inc

97 OCT -1 PM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

August 30, 1996

4. FEI Number

Applied For

59-3444552

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

Principal Place of Business

2a. Mailing Address

21 S ALAPHA Road

26 4031 Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 DAVENPORT, Florida

28 HAINES CITY, Florida

Zip

Country

Zip

Country

24 33837

25 FL

29 33844

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Rev. Francisco Amaro

82 Street Address (P.O. Box Number is Not Acceptable)

83 1507 NORTH Blvd.

84 City DAVENPORT

FL

85 Zip Code 33837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Juana Medina - secretary**

9/14/97

Signature typed or printed name of registered agent and title is acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President - Director** ☐ DELETE

NAME **Rev. Francisco Amaro**

STREET ADDRESS **1507 North Blvd.**

CITY-ST-ZIP **DAVENPORT, FL. 33837**

TITLE **Treasurer - Trustee** ☐ DELETE

NAME **Mario A. Santiago**

STREET ADDRESS **1174 Bradbury Road**

CITY-ST-ZIP **HAINES CITY, FL. 33844**

TITLE **Secretary - Trustee** ☐ DELETE

NAME **Juana Medina**

STREET ADDRESS **4031 Park Road**

CITY-ST-ZIP **HAINES CITY, FL. 33844**

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

1.1 TITLE **President - Director** ☐ Change ☐ Addition

1.2 NAME **Francisco Amaro** ☒ same

1.3 STREET ADDRESS **1507 North Blvd.**

1.4 CITY-ST-ZIP **DAVENPORT, FL. 33837**

2.1 TITLE **Treasurer - Trustee** ☐ Change ☐ Addition

2.2 NAME **Mario A. Santiago** ☒ same

2.3 STREET ADDRESS **1174 Bradbury Rd.**

2.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

3.1 TITLE **Secretary - Trustee** ☐ Change ☐ Addition

3.2 NAME **Juana Medina** ☒ same

3.3 STREET ADDRESS **4031 Park Rd.**

3.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Francisco Amaro** **941-441-0913**