

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006190

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE FOUNTAIN OF PEMBROKE PINES, INC.

Current Principal Place of Business:

21113 JOHNSON STREET
SUITE 120
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

21113 JOHNSON STREET
SUITE 120
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0716717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, ROBERT
18244 SW 20TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: NORTON, HARRY
Address: 13172 NW 18TH STREET
City-St-Zip: PEMBROKE, FL 33028

Title: S () Delete
Name: RHODES, TODRA A
Address: 19500 SW 39TH COURT
City-St-Zip: MIRAMAR, FL 33029

Title: VP () Delete
Name: LIPSCOMB, GWENDOLYN R
Address: 1630 SW 97TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: MESSAM, WAYNE
Address: 21113 JOHNSON ST #120
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: SIMON, NIKKI
Address: 21113 JOHNSON ST #120
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: MAXEY, TROY
Address: 21113 JOHNSON ST #120
City-St-Zip: PEMBROKE PINES, FL 33029

Title: M (X) Change () Addition
Name: MILLER, DAVIS
Address: 21113 JOHNSON ST #120
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change () Addition
Name: MESSAM, WAYNE
Address: 21113 JOHNSON ST #120
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S (X) Change () Addition
Name: SIMON, NIKKI
Address: 21113 JOHNSON ST #120
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY NORTON

P/T

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date