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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001166

1. Corporation Name

FOUNTAIN OF LIFE CHRISTIAN CHURCH A/G, INC.

Principal Place of Business

3805 TURKEY CREEK RD
PLANT CITY FL 33567
US

Mailing Address

C/O REV DIAZ-MARTINEZ
312 BENSON ST
VALRICO FL 33594
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/26/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARTINEZ, VICTOR J REV.
312 BENSON ST.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name **Rev. Victor J. Diaz-Martinez**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **address is correct**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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 OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MARTINEZ, VICTOR J	1.2 NAME	DIAZ-MARTINEZ VICTOR J. REV.
STREET ADDRESS	501 KINGSWAY ROAD SOUTH	1.3 STREET ADDRESS	3805 TURKEY CREEK RD
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	PLANT CITY, FL. 33567
TITLE	S	2.1 TITLE	
NAME	DIAZ, CARMEN J	2.2 NAME	
STREET ADDRESS	3805 TURKEY CREEK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	LOPEZ, LUIS E	3.2 NAME	
STREET ADDRESS	3805 TURKEY CREEK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	DIAZ-MARTINEZ, VICTOR J.	4.2 NAME	
STREET ADDRESS	312 BENSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	DIAZ, CARMEN J	5.2 NAME	
STREET ADDRESS	312 BENSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	LOPEZ, LUIS E	6.2 NAME	
STREET ADDRESS	309 CRYFORD PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE:

THE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813
✓ 3/99 - 754-5372
Date Daytime Phone #

CR2E037 (11/98)