

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90035 022 \*\*\*\*70.00

**DOCUMENT # N98000000780**

1. Entity Name  
**FOUNTAIN OF LIFE RESTORATION MINISTRIES, INC.**



Principal Place of Business

**428 NE 3RD AVE  
CRYSTAL RIVER, FL 34428 US**

Mailing Address

**P.O. BOX 2736  
CRYSTAL RIVER, FL 34423 US**

**94058329**



01062004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3494212**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, LEONARD T  
2951 N CARLEEN TERR  
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FS  
GASKIN, SIS KATRYNA  
935 NE 2ND STREET  
CRYSTAL RIVER, FL 34429**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ED  
SMITH, MIN PAMELA D  
2951 N CARLEEN TERRACE  
CRYSTAL RIVER, FL 34428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SP  
SMITH, BISHOP LEONARD T  
2951 N CARLEEN TERRACE  
CRYSTAL RIVER, FL 34428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PARRISH, BRO STEVE  
896 W COLBERT CIRCLE  
BEVERLY HILLS, FL 34465**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CRUMMER, BRO ARTHUR  
1133 SE 3RD STREET  
CRYSTAL RIVER, FL 34429**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SMITH, BRO CLIFFORD  
838 NE 6TH STREET  
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE  
IN THIS SPACE**

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**

*Leonard T. Smith* **Leonard T. Smith**

**4-20-04**

**352-775-5775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #