2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N98000000780

Entity Name: FOUNTAIN OF LIFE RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

428 NE 3RD AVE
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

713 N.E. 5TH STREET
CRYSTAL RIVER, FL 34428 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3494212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, LEONARD T
2951 N CARLEEN TERR
CRYSTAL RIVER, FL 34428 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: FS ( ) Delete
Name: GASKIN, SIS KATRYNA
Address: 935 NE 2ND STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ED ( ) Delete
Name: SMITH, MIN PAMELA D
Address: 2951 N CARLEEN TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: SP ( ) Delete
Name: SMITH, BISHOP LEONARD T
Address: 2951 N CARLEEN TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T ( ) Delete
Name: PARRISH, BRO STEVE
Address: 896 W COLBERT CIRCLE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T ( ) Delete
Name: CRUMMER, BRO ARTHUR
Address: 1133 SE 3RD STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: T ( ) Delete
Name: SMITH, BRO CLIFFORD
Address: 838 NE 6TH STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATRYNA L. GASKIN FS 05/04/2005

Electronic Signature of Signing Officer or Director — Date