

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000780

FILED
Apr 27, 2008
Secretary of State

Entity Name: FOUNTAIN OF LIFE RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

19120 E. PENN. AVE.
DUNNELLON, FL 34432 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 ()**

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: ORR, LORDAIS M
Address: 875 NE 3RD STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D (X) Delete
Name: THOMAS, LEON L
Address: 713 NE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FS (X) Change () Addition
Name: WILLIAMS, COLLEEN VALERI SIS
Address: 19090 ST. BENEDICT DRIVE
City-St-Zip: DUNNELLON, FL 34432

Title: AP (X) Change () Addition
Name: THOMAS, YVONNE PASTOR
Address: 12120 N. DERICKSON
City-St-Zip: DUNNELLON, FL 34432 US

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

Title: SEC (X) Change () Addition
Name: ORR, LORDAIS M
Address: 9377 N CITRUS SPRINGS BLVD
City-St-Zip: CITRUS SPRINGS, FL 34434 US

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

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: COLLEEN VALERIE WILLIAMS

FS

04/27/2008

Electronic Signature of Signing Officer or Director

Date