2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N98000000780

Entity Name: FOUNTAIN OF LIFE RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

19120 E. PENN. AVE.
DUNNELLON, FL 34432 US

New Principal Place of Business:

19120 E. PENN. AVE.
STE. A
DUNNELLON, FL 34432 US

Current Mailing Address:

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

New Mailing Address:

19120 E. PENN. AVE.
STE. A
DUNNELLON, FL 34432 US

FEI Number: 59-3494212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: WILLIAMS, COLLEEN VALERI SIS
Address: 19090 ST. BENEDICT DRIVE
City-St-Zip: DUNNELLON, FL 34432

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

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

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

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:

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 V. WILLIAMS FS 03/03/2009
Electronic Signature of Signing Officer or Director Date