

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002806

FILED
Apr 28, 2008
Secretary of State

Entity Name: FOUNTAIN OF LIFE CHURCH OF CENTRAL FLORIDA, INCORPORATED

Current Principal Place of Business:

820 N. MASSACHUSETTS AVENUE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1106
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3524213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOYD, PATRICIA A
2408 AVENUE B NW
WINTER HAVEN, FL 33881 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: PD () Delete
Name: LOYD, GERALD G DR
Address: 5109 FAIRFAX DRIVE
City-St-Zip: LAKELAND, FL 33813 US

Title: VD () Delete
Name: LOYD, PATRICIA A
Address: 2408 AVENUE B NW
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: TD () Delete
Name: JONES, BELINDA A
Address: 719 NORTH LORRI AVENUE
City-St-Zip: LAKELAND, FL 33815 US

Title: SD () Delete
Name: WORTHY, JACQUELYN Y
Address: PO BOX 562893
City-St-Zip: CHARLOTTE, NC 28256 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: DR. GERALD G. LOYD

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date