

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002648

FILED
Jun 24, 2004
Secretary of State

Entity Name: FOUNTAIN OF LIFE INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

5514/16 SAMPLE RD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5514/16 SAMPLE RD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0909234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREIRA, EDSON E
5514/16 SAMPLE RD
MARGATE, FL 33063 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: PEREIRA, EDSON E
Address: 5514/16 SAMPLE RD
City-St-Zip: MARGATE, FL 33063

Title: DV () Delete
Name: PEREIRA, SILVANA D
Address: 5514/16 SAMPLE RD
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: PERIERA, SIRLENE
Address: 3527 WILES ROAD #206
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD () Delete
Name: SANTOS, SERGIO W
Address: 10143 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: RIBEIRO, CLAUDIO
Address: 4729 SW 13TH CT
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: SANTOS, RENATA
Address: 1150 SW 44TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: PERIERA, SIRLENE
Address: 3527 WILES ROAD #206
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT (X) Change () Addition
Name: RIBEIRO, CLAUDIO T
Address: 4729 SW 13TH CT
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D (X) Change () Addition
Name: HONORATO, NELSON M
Address: 3342 BONITO LANE
City-St-Zip: MARGATE, FL 33063 US

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: EDSON E PEREIRA

DP

06/24/2004

Electronic Signature of Signing Officer or Director

Date