

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002648

FILED
Feb 28, 2009
Secretary of State

Entity Name: FOUNTAIN OF LIFE INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

4672 PEMBROKE PLACE
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AV # 321
LYNDHURST, NJ 07071

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
4672 PEMBROKE PLACE
ORLANDO, FL 32811 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
Address: 4672 PEMBROKE PLACE
City-St-Zip: ORLANDO, FL 32811

Title: DV () Delete
Name: PEREIRA, SILVANA
Address: 4672 PEMBROKE PLACE
City-St-Zip: ORLANDO, FL 32811

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

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

Title: D () Delete
Name: SOUZA, ALESSANDRA P
Address: 1301 NE 7TH ST., #311
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: DE FREITAS SALLES, KEILA
Address: 3100 RIVERSIDE DR., #302
City-St-Zip: CORAL SPRINGS, FL 33065

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 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: EDSON E. PEREIRA

P

02/28/2009

Electronic Signature of Signing Officer or Director

Date