
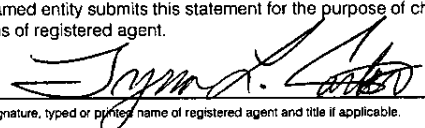
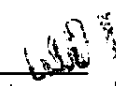
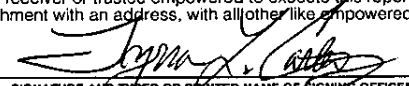


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003129 1. Entity Name FOUNTAIN ORGANIZATION INC.						<div style="text-align: center;"> FILED 04 APR 30 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 915-1 RAILROAD AVE TALLAHASSEE, FL 32310				Mailing Address P.O. BOX 6073 TALLAHASSEE, FL 32314			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CARTER, QUINTON D 3517 LAKEWOOD DRIVE TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name TYRRA L. CARTER Street Address (P.O. Box Number is Not Acceptable) 5258 Family Tree Dr. Tallahassee, FL 32303 City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARTER, QUINTON D 3517 LAKEWOOD DRIVE TALLAHASSEE, FL 32305			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carter, Quinton D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5258 Family Tree Dr. Tallahassee, FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENRY, KARLUS 6193 GRENNON LANE TALLAHASSEE, FL 32304			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henry, Karlus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3121 Pontiac Dr. Tallahassee, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARTER, TYRRA L 3517 LAKEWOOD DRIVE TALLAHASSEE, FL 32305			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carter, Tyrra L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5258 Family Tree Dr. Tallahassee, FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700035847977 05/11/04--01011--011 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Tyrra L. Carter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/30/04 (850) 567-1176 <small>Date Daytime Phone #</small>			