


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>N/99000003129</u>	
1. Entity Name <u>Fountain Organization, Inc.</u>	

T. Roberts MAY 02 2005

FILED  
05 APR 28 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>5258 Family Tree Dr.</u>		3. Mailing Address <u>P.O. Box 6073</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32303</u>	Country <u>USA</u>	Zip <u>32314</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3581302</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>Tyrea L Carter</u>
Street Address (P.O. Box Number is Not Acceptable) <u>5258 Family Tree Dr.</u>
City <u>Tallahassee</u>
FL
Zip Code <u>32303</u>

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Quinton D. Carter</u> <u>5258 Family Tree Dr.</u> <u>Tallahassee, FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>700054204387</u> <u>05/10/05--01039--026 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Karlus Henry</u> <u>3121 Pontiac Dr.</u> <u>Tallahassee, FL 32301</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Tyrea L Carter</u> <u>5258 Family Tree Dr.</u> <u>Tallahassee, FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tyrea L Carter 4/28/05 (850)222-8144

CR2E037B (12/02)