

DOCUMENT # N99000005116

1. Entity Name

FOUNTAIN OF WISDOM FOUNDATION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90247 011 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 24311 WALDEN CENTER DR., STE. 202      24311 WALDEN CENTER DR., STE. 202  
 BONITA SPRINGS FL 34134      BONITA SPRINGS FL 34134-4937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3597397		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

STERN, CHRISTIAN J  
 24311 WALDEN CENTER DR., STE. 202  
 BONITA SPRINGS FL 34134

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	8 CHAIRPERSON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, EVELINE K.	NAME	
STREET ADDRESS	23630 Pepperwill Court	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	Vice Chairman, President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, CHRISTIAN J	NAME	
STREET ADDRESS	23630 Pepperwill Ct	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	Scott Truske <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Whittey T	NAME	
STREET ADDRESS	3507 Heron Cove Court	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

Date

(904) 484-3336

Daytime Phone #

CR2E037 19/991