

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002806

**Entity Name:** FOUNTAIN OF LIFE COMMUNITY DEVELOPMENT CENTER INC.**Current Principal Place of Business:**3541 S.W. 144 AVENUE  
MIRAMAR, FL 33027**Current Mailing Address:**3541 S.W. 144 AVENUE  
MIRAMAR, FL 33027**FEI Number: 65-1095123****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PARRISH, SHERRON  
3541 S.W. 144 AVENUE  
MIRAMAR, FL 33027 US*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**Officer/Director Detail :**Title PD  
Name PARRISH, SHERRON  
Address P.O. BOX 278422  
City-State-Zip: MIRAMAR FL 33027Title DIRECTOR  
Name KING, SHAMEIKA  
Address P.O. BOX 278422  
City-State-Zip: MIRAMAR FL 33027Title SECRETARY  
Name BISHOP, GRACE  
Address P.O. BOX 278422  
City-State-Zip: MIRAMAR FL 33027Title VP  
Name MITCHELL, ROYANNE  
Address 3541 SW 144TH AVE  
City-State-Zip: MIRAMAR FL 33027Title DIRECTOR  
Name WEBB, ALTHEA  
Address P.O. BOX 278422  
City-State-Zip: MIRAMAR FL 33027

*I hereby 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 all other like empowered.*

**SIGNATURE: DR. SHERRON PARRISH****PRESIDENT****03/04/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date