

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41253

**Entity Name:** FOUNTAIN OF LIFE MINISTRIES, INC. OF WAUCHULA

**Current Principal Place of Business:**

311 GOOLSBY ST  
WAUCHULA, FL 33873

**Current Mailing Address:**

PO BOX 1004  
WAUCHULA, FL 33873 US

**FEI Number:** 59-3046238

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CINTRON, MARK A  
509 N 9TH AVE  
WAUCHULA, FL 33873 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:** MARK A CINTRON

01/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CINTRON, MARK A  
Address        509 N 9TH AVE  
City-State-Zip: WAUCHULA FL 33873

Title            VP  
Name            CINTRON, SANDRA L  
Address        509 N 9TH AVE  
City-State-Zip: WAUCHULA FL 33873

Title            DIRECTOR  
Name            CARDONA, MARIA V  
Address        2028 US HWY 17 NORTH  
City-State-Zip: WAUCHULA FL 33873

Title            SECRETARY  
Name            MARTINEZ, ANNA L  
Address        509 S 11TH AVE  
City-State-Zip: WAUCHULA FL 33873

Title            DIRECTOR  
Name            BALDERAS, BARBARA  
Address        180 COLLEGE LN  
City-State-Zip: ZOLFO SPRINGS FL 33890

*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:** MARK A CINTRON

**PRESIDENT**

01/08/2017

Electronic Signature of Signing Officer/Director Detail

Date