# 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.

PRESIDENT

#### SIGNATURE: WAYNE LOMAX

Electronic Signature of Signing Officer/Director Detail

2016 FL	ORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT	

DOCUMENT# N9600006190

Entity Name: THE FOUNTAIN OF PEMBROKE PINES, INC.

### **Current Principal Place of Business:**

4601 NORTHWEST 167TH STREET MIAMI GARDENS, FL 33055

# **Current Mailing Address:**

4601 NORTHWEST 167TH STREET MIAMI GARDENS, FL 33055 US

# FEI Number: 65-0716717

### Name and Address of Current Registered Agent:

THE FOUNTAIN OF PEMBROKE PINES 4601 NW 167TH STREET MIAMI GARDENS, FL 33137 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	: WAYNE LOMAX		04/04/2016	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	PRESIDENT	Title	CHAIRMAN	
Name	LOMAX, WAYNE	Name	BAPTISTE, ELISA	
Address	4601 NORTHWEST 167TH STREET	Address	4601 NORTHWEST 167TH STREET	
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055	
Title	VC	Title	SECRETARY	
Name	CARR, BERNARD	Name	LOMAX, CHRISTOPHER	
Address	4601 NORTHWEST 167TH STREET	Address	4601 NORTHWEST 167TH STREET	
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	MIAMI GARDENS FL 33055	

Certificate of Status Desired: No

04/04/2016

FILED Apr 04, 2016 Secretary of State CC5715627270

Date