

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

DOCUMENT# N16000007384

**Entity Name:** FOUNTAINS CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

5430 FOUNTAINS DR. SOUTH  
LAKE WORTH, FL 33467

**Current Mailing Address:**

5430 FOUNTAINS DR. SOUTH  
LAKE WORTH, FL 33467 US

**FEI Number: 81-3395903**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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            PRESIDENT  
Name            WILSON, MARY  
Address        5430 FOUNTAINS DR S  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            RASCOVAR, LEO  
Address        6848 PARISIAN WAY  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            JOHNSON, THERESA  
Address        6707 PALERMO WAY  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            MONAHAN, ROBERTA  
Address        5458 SAN MARINO WAY  
City-State-Zip: LAKE WORTH FL 33467

*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: MARY WILSON**

**PRESIDENT**

**03/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date