## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

ABUNDANT LOVE MINISTRIES, INC.

**FILED** May 01 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	i idatir vasaa istat third film artra tidt dilli dien eidt fildt filbt diati tidt
2525 DUNN AVE JACKSONVILLE FL 32218	2525 DUNN AVE JACKSONVILLE FL 32218	3. Date Incorporated or Qualified

2525 DUNN AVE JACKSONVILLE FL 32218  JACKSONVILLE FL 32218		3. Date Incorporated or Qualified 03/14/1977 4. FEI Number Applied For				
					59-1727358	Not Applicable
<del> </del>		2a. Malling Address	2s. Malling Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
2227					Trust Fund Contribution Added to Fees	
City & State		City & State	<del>_</del> '		7. Is this nonprofit corporation a homeowners association?  Yes You No	
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	25		155		Personal Property Tax due June 30.  Yes No W/K	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			l°	1 Name		
THORPE, MICHAEL D. 2548 BLACKSHIRE RD		8	82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSO	JACKSONVILLE FL 32218		6	3		
			8	4 City	FL es	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered			gent algnature requ	ulred when reinstating) DATE	
12.	VD OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	THORPE, DANIEL L. JR.	C DECENT	1.1 TITLE		_ G	Idrige D Addition
NAME Street Address	2615 9TH AVE EAST		1.2 NAM			
CITY-ST-ZIP	BRADENTON FL		1.4 CITY	ET ADDRESS		1
TITLE	PD	DELETE	2.1 TITL		C	nange Addition
NAME	THORPE, MICHAEL D.		2.2 NAM			_
APAG DI AGUALIDE DA			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			-ST-ZIP		
TITLE	SO	DELETE	3.1 TITLE		□ CI	hange Addition
NAME	THORPE, ROBIN H.		3.2 NAM	E		l
An an my talked them are		3.3 STRE	ET ADDRESS		ſ	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY	- ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		□ cı	nange Addition
NAME			4.2 NAM	Æ Ì		1
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE		□ cr	nange 🔲 Addition
NAME			5.2 NAM	ì		ţ
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY			nange
TITLE		C) DELETE	6.1 TITLE		L.J U	RINGE TT MOUNTON
NAME			6.2 NAM			
STREET ADORESS				ET ADDRESS		.
CITY-ST-ZIP			6.4 CITY	-\$T-ZIP		

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.