## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DIVISION OF CORPO

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90048 019 \*\*\*\*70.00

| DOCUMENT # 738342  1. Corporation Name  ABUNDANT LOVE MINISTRIES, INC. |                 |
|--|-----------------|
| Principal Place of Business  | Mailing Address |

| 2525 DUNN AVE<br>ACKSONVILLE FL 32218 | 2525 DUNN AVE<br>JACKSONVILLE FL 32218 |  |
|---------------------------------------|--|--|
| •                                     |  |  |

| - Principal Pi     | lace of Business  | Za. Mailing Address      |   |         |                   | 02/14/1077  |                   |             |  |
|--------------------|---|--------------------------|---|---------|-------------------|---|-------------------|-------------|--|
| 21                 |   | 26                       |   |         |                   | 03/14/1977  | ·                 |             |  |
| Suite, Apt.        | #, etc.   | Suite, Apt. #, etc.      |   |         |                   | 4. FEI Number                                       | <u> </u>          | lied For    |  |
| 22                 | *   | 27                       |   |         |                   | 59-1727358  |                   | Applicable  |  |
| City & State       | e   | City & State             |   |         | -12               | 5. Certificate of Status Desired                    | \$8.75 A          |             |  |
| 23                 |   | 28                       |   |         |                   | 5. Certificate of Status Desired (in                | Fee Rec           | luired      |  |
| Zip                | Country   | Zip                      | Cou   | untry   |                   | 6. Election Campaign Financing                      | \$5.00            | vlay Be     |  |
| 24                 | 25  | 29                       | 30  |         |                   | Trust Fund Contribution                             | Added to          |             |  |
| 27                 | 9. Name and Address of Current                                    | <u> </u>                 |   | 1       |                   | 10. Name and Address of New Registered Agent        |                   |             |  |
|                    |   | <u> </u>                 |   | 81      | Name              |   |                   |             |  |
|                    |   |                          |   |         |                   |   |                   |             |  |
| THORPE, MICHAEL D. |   |                          | 82 Street Address (P.O. Box Number is Not Acceptable) |         |                   |   |                   |             |  |
| 2548 BLAG          | CKSHIRE RD  |                          |   |         |                   |   |                   |             |  |
| JACKSON            | VILLE FL 32218  |                          |   | 83      |                   |   |                   |             |  |
|                    |   |                          |   | 84      | City              |   | . 85 Zip C        | ode         |  |
|                    |   |                          |   | -       | O.,               | <b>_F</b> _   | L                 |             |  |
| 11. Pursuant       | to the provisions of Sections 617.0502                            | and 617.1508, Florida S  | tatutes, the a  | bove    | -named co         | rporation submits this statement for the purpose    | of changing its r | egistered   |  |
| office or n        | egistered agent, or both, in the State of                         | í Florida. Such change w | as authorized   | a by 1  | the corpora       | ition's board of directors. I hereby accept the app | ointment as reg   | istered     |  |
| agent. I a         | m familiar with, and accept the obligation                        | ons of, Section 617.0503 | , Florida Siai  | uues.   |                   |   |                   |             |  |
| SIGNATURE          |   | and title if applicable  | NOTE: Parietary                                       | d Acent | t simpature remu  | Hed when reinstating) DATE                          |                   | <del></del> |  |
| 12.                | Signature, typed or printed name of registered agent OFFICERS AND |                          | 13.   |         | r arginatura raqu | ADDITIONS/CHANGES TO OFFICERS                       | ND DIRECTOR       | RS IN 12    |  |
|                    |   | DELET                    |   |         | ·· I              |   | Change            | Addition    |  |
| TILE               | VD  | D DETE:                  | - 4   |         |                   |   |                   | _           |  |
| NAME               | THORPE, DANIEL L, JR.   |                          | 1.2 N   | IAME    |                   |   |                   |             |  |
| STREET ADDRESS     | 2615 9TH AVE EAST   |                          | 1.3 \$  | TREET   | ADDRESS           |   |                   |             |  |
| CITY-ST-ZIP        | BRADENTON FL  |                          | 1.4 C   | TY-ST   | -ZIP              |   |                   |             |  |
| TILL               | DO.   | □ DELET                  | F 21T   | III E   |                   | <del></del>   | ☐ Change          | ☐ Addition  |  |

| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                        |          |                               |  |             |            |  |
|--|------------------------|----------|-------------------------------|--|-------------|------------|--|
| 12. OFFICERS AND DIRECTORS   |                        | 13.      | ADDITIONS/CHANGES TO OFFICERS |  |             |            |  |
| TITLE  | VD                     | ☐ DELETE | 1.1 TITLE                     |  | ☐ Change    | Addition   |  |
| NAME   | THORPE, DANIEL L, JR.  |          | 1.2 NAME                      |  |             |            |  |
| STREET ADDRESS   | 2615 9TH AVE EAST      |          | 1.3 STREET ADDRESS            |  |             |            |  |
| CITY-ST-ZIP  | BRADENTON FL           |          | 1.4 CITY-ST-ZIP               |  |             |            |  |
| TITLE  | PD                     | DELETE   | 2.1 TITLE                     |  | ☐ Change    | ☐ Addition |  |
| NAME   | THORPE, MICHAEL D.     |          | 2.2 NAME                      |  |             |            |  |
| STREET ADDRESS   | 2548 BLACKSHIRE RD     |          | 2.3 STREET ADDRESS            |  | •           |            |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 00000 |          | 2.4 CITY-ST-ZIP               |  | <del></del> |            |  |
| TITLE  | SD                     | ☐ DELETE | 3.1 TITLE                     |  | ☐ Change    | Addition { |  |
| NAME   | THORPE, ROBIN H.       |          | 3.2 NAME                      |  |             |            |  |
| STREET ADDRESS   | 2548 BLACKSHIRE RD     |          | 3.3 STREET ADDRESS            |  |             |            |  |
| CITY-ST-ZIP  | JACKSONVILLE FL        |          | 3.4. CITY-ST-ZIP              |  |             |            |  |
| TITLE  |                        | ☐ DELETE | 4.1 TITLE                     |  | Change      | Addition   |  |
| NAME   |                        |          | 4. 2 NAME                     |  |             | ł          |  |
| STREET ADDRESS   |                        |          | 4.3 STREET ADDRESS            |  |             | Ì          |  |
| CITY-ST-ZIP  |                        |          | 4.4 CITY-ST-ZIP               |  |             |            |  |
| TITLE  |                        | ☐ DELETE | 5.1 TITLE                     |  | Change      | ☐ Addition |  |
| NAME   |                        |          | 5.2 NAME                      |  |             |            |  |
| STREET ADDRESS   |                        |          | 5.3 STREET ADDRESS            |  |             |            |  |
| CITY-ST-ZIP  |                        |          | 5.4 CITY-ST-ZIP               |  |             |            |  |
| TITLE  |                        | ☐ DELETE | 6.1 TITLE                     |  | ☐ Change    | Addition   |  |
| NAME   |                        |          | 6.2 NAME                      |  |             |            |  |
| STREET ADDRESS   |                        |          | 6.3 STREET ADDRESS            |  |             |            |  |
|  | 1                      |          |                               |  |             |            |  |

14. 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, with all other like empowered.

SIGNATURE: VINGUATURE NAME OF SIGNING OFFICER OF DIRECTOR

4-28-59

904-751-3121