

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 756978 (3)
1. Corporation Name
ABUNDANT LIFE FELLOWSHIP OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
2016 ANNISTON ROAD JACKSONVILLE FL 32216
2016 ANNISTON ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1981** 3a. Date of Last Report **08/10/1994**
4. FEI Number **59-2126055** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**TURNER, MICHAEL S.
14750 BEACH BLVD, #20
JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, MIKE	1.2 NAME	
STREET ADDRESS	14750 BEACH BLVD., #20	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, GREG	2.2 NAME	
STREET ADDRESS	671 LOWER 8TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	RICHARDSON JR., JIMTOM	3.2 NAME	REMOVE
STREET ADDRESS	14025 BROKEN BOW DRIVE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	TURNER, DEBORAH	4.2 NAME	STD
STREET ADDRESS	14750 BEACH BLVD., #20	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Turner
PRES

4/15/95 725-2210
DATE/TIME #