

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# F05000006211

Entity Name: LIVING ABUNDANCE MINISTRIES, INC.

Current Principal Place of Business:

208 HILL STREET
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 181867
CASSELBERRY, FL 32718 7

New Mailing Address:

FEI Number: 43-1908340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REV. MYRNA FRANCESCA GOMEZ
208 HILL STREET
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REV. MYRNA FRANCESCA, GOMEZ, M.ED.
Address: 208 HILL STREET
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: CARMEN, MORGAN
Address: 500 E JERSEY STREET
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: JOSEFA, RODRIGUEZ
Address: 9118 DUBOIS BLVD
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: CORALLY, RODRIGUEZ
Address: 121 N HAMPTON AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MYRNA FRANCESCA GOMEZ

Electronic Signature of Signing Officer or Director

REV.

02/17/2009

Date