

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006211

FILED  
Feb 22, 2012  
Secretary of State

**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 US

**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: PRES  
Name: REV. MYRNA FRANCESCA GOMEZ, M.ED.  
Address: 208 HILL STREET  
City-St-Zip: CASSELBERRY, FL 32707

Title: V  
Name: OBED, GOMEZ S  
Address: 208 HILL STREET  
City-St-Zip: CASSELBERRY, FL 32707

Title: S  
Name: MARIA S., MERCED  
Address: 932 OLD BARN RD  
City-St-Zip: ORLANDO, FL 32825

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

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: MYRNA FRANCESCA GOMEZ

PRES

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date