


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90017 037 ****61.25

DOCUMENT # N00000002951	
1. Entity Name ABUNDANT LIFE FELLOWSHIP OF OCALA, INC.	

Principal Place of Business 10345 S.W. 27TH AVE OCALA, FL 34476	Mailing Address PO BOX 4498 OCALA, FL 34478-4498
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DO NOT WRITE IN THIS SPACE

40026212



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3651065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HALDIN, JR., WILLIAM C ESQ
808 EAST FORT KING STREET
OCALA, FL 34471**

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGLER, MICHAEL 829 NE 18TH AVE OCALA, FL 34470	<i>LOUISE BORY-D 11220 SE 33 CT OCALA FL 34470</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARESON, RALPH 15279 SW 43RD TERR RD OCALA, FL 34473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONWELL, A. STEVEN 9097 S.W. 32ND TERRACE OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MEYERS, MICHAEL E 5074 SE 44 TH CIRCLE OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARESON, MADELEINE 15279 SW 43RD TR RD OCALA, FL 34473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/1/07 352 2665607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #