

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90089 037 \*\*\*\*61.25

DOCUMENT # *NO1000003774*  
1. Entity Name  
*Abundant Life Christian Center Melbourne Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*272 E. EAU GALIE BLVD.*  
Suite, Apt. #, etc.

3. Mailing Address  
*PO BOX 361271*  
Suite, Apt. #, etc.

**80056514**

DO NOT WRITE IN THIS SPACE

City & State  
*Indian Harbor Bch, FL.*

City & State  
*Melbourne, FL.*

Zip  
*32937*

Country  
*USA*

Zip  
*32936*

Country  
*USA*

4. FEI Number  
*59-372-2180*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*JOHN B. KELLEY*

Street Address (P.O. Box Number is Not Acceptable)  
*1999 Island Club Dr. Apt 31*

City  
*Indian Lantic, FL*

Zip Code  
*32903*

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P JOHN B. KELLEY 1999 Island Club Dr. Apt 31 Indian Lantic, FL, 32903</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V DANIELLE KELLEY 1999 Island Club DR. Apt 31 Indian Lantic, FL, 32903</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/T CALVIN K. Smith 806 MAJESTIC DR. HEWITT, TEXAS, 76643</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D MATT ARBOGAST 6162 ISLA W. MELBOURNE, FL, 32904</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DARRELL J. BERRY 1074 CITRUS AVE. NE PALM BAY, FL, 32904</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Danielle Kelley* **3-16-02** *March 16, 2002*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

Attachment # N01000003714 B0056514

To Whom It May Concern,  
Previous Board Directors were:

3-16-02

<sup>D</sup>Trent, Lauren B.  delete  
133 Coral Way E.  
Indialantic, FL, 32903

<sup>D</sup>Trent, Roy J.  delete  
133 Coral Way E.  
Indialantic, FL, 32903

Note updated Board members are on  
current VBR form dated 5-16-02 (enclosed).

Thank you,

Blanche Kelly VP