# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N01000005213

1. Entity Name
ABUNDANT LIFE FELLOWSHIP PENTECOSTAL HOLINESS CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1507 COUNTY ROAD 3<br>BARBERVILLE, FL 32105 | POST OFFICE BOX 125<br>BARBERVILLE, FL 32105 |

03D22006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2247398

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROLAND, JESSE
1507 COUNTY ROAD 3
BARBERVILLE, FL 32105

**DO NOT WRITE 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 Jesse M Roland 03-05-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | P |
| NAME | ROLAND, JESSE |
| STREET ADDRESS | 1501 COUNTY ROAD 3 |
| CITY-ST-ZIP | BARBERVILLE, FL 32105 |
| TITLE | VP |
| NAME | HARRISON, DANK |
| STREET ADDRESS | 5433 NORTH HIGHWAY 17 |
| CITY-ST-ZIP | DE LEON SPRINGS, FL 32130 |
| TITLE | T |
| NAME | HOOD, GENE |
| STREET ADDRESS | 2790 GRAYSON STREET |
| CITY-ST-ZIP | ORANGE CITY, FL 32763 |
| TITLE | T |
| NAME | GIDDENS, DORIS |
| STREET ADDRESS | 241 SANTIAGO AVE |
| CITY-ST-ZIP | DE LEON SPRINGS, FL 32130 |
| TITLE | T |
| NAME | CLIFTON, GLADYS |
| STREET ADDRESS | 1200 BUCKLES ROAD |
| CITY-ST-ZIP | BARBERVILLE, FL 32105 |
| TITLE | S |
| NAME | TURNER, EUNICE |
| STREET ADDRESS | 1200 BUCKLES ROAD |
| CITY-ST-ZIP | BARBERVILLE, FL 32105 |

U00000459147
03/18/06-80020-006 70.00

**DO NOT WRITE 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:** Jesse M Roland 03-05-06 3867499125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #