2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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 BARBERVILLE, FL 32105	POST OFFICE BOX 125 BARBERVILLE, FL 32105

01192008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2247398
☐ Applied For
☐ Not Applicable

5. 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

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

Filing Fee is $61.25
Due by May 1, 2008

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	T
NAME	HIGGINS, BRUCE
STREET ADDRESS	P O BOX 507
CITY-ST-ZIP	ASTOR, FL 32102
TITLE	T
NAME	COWART, BOBBY
STREET ADDRESS	1094 W PARKWAY
CITY-ST-ZIP	DELAND, FL 32724
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

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01/28/08--80044-012 70.00

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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: _____ 1/20/08 386-749-3218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #