2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2

FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90800 013 ****61.25

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DOCUMENT # N01000006448

1. Entity Name
ABUNDANT LIFE CHURCH OF NICEVILLE, INC.

Principal Place of Business	Mailing Address
30 OLD FERRY RD SHALIMAR FL 32579	30 OLD FERRY RD SHALIMAR FL 32579

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3741849 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, BERNARD H SR
30 OLD FERRY RD
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, BERNARD H SR 30 OLD FERRY RD SHALIMAR FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	McBROOM, SHEENA (Director) 587 EMERALD LANE FORT WALTON BEACH, FL. 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, LOIS A 30 OLD FERRY RD SHALIMAR FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEWART, CALVIN (Director) 402 EVANS ROAD NICEVILLE, FL. 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNE, L M 233 NORTH HILL AVE FT WALTON BEACH FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FLORENCE, ANNIE (Director) 401 HICKORY AVENUE NICEVILLE, FL. 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis A Johnson 04/28/03 850-651-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #