FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1999 DOCUMENT # N970000000708 99 JAN 28 AM 9: 09 ABUNDANT LIFE WORLD OUTREACH CENTER I SLOKUTART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 118 LYNDHURST DR 118 Lymphoust DR. Love, word, FI 32779 LONGWOOD FL 32779 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 118 LYMDHULST I Suite, Apt. #, etc Applied For 59 - 34120 59 Not Applicable City & State City & State \$8.75 Additional 5. Certificate of Status Desired Fee Required Country Country 6. Election Campaign Financing \$5.00 May Be 25 SEM WULE 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MICHAEL LANDSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 118 LYMDHURST 83 orgwood, FL 32779 84 City Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. MILHAEL SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS [] DELETE Change TITLE 1 1 TITLE DIRECTUR PRESIDENT Douglas BANKSON 5135 E. SANDPIPER NAME 1.2 NAME MICHARL STREET ADDRESS DIL 1.3 STREET ADDRESS 8 LYNDbruest ANDRA CITY-ST-ZIP 1.4 CITY-ST-ZIP -orgupul PRESIDENT TITLE 21 TITLE ☐ Change ED FRAN NAME 2.2 NAME 3226 CHADWICK RD 44 FARMERS Raw STREET ADDRESS 23 STREET ADDRESS ARDAKA, FL 32703 MA 01410 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE SECRETARY / TREASURE [] Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 6000002766326-142749 LANDSMAN -02/05/93--01096--017 STREET ADORESS LONGLUDIO FL 32 3 3 STREET ADDRESS *****70.00 CITY-ST-ZIP 3.4. CITY-ST-ZIP LONG WOUD <u>*****70.00</u> DELETE TITLE 41 TITLE Change [ii] Addition DIRECTOR NAME JUAO CARDOSO BRAGO 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS MOSCAUDE, LISTEN PONTUGGI 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE DIRECTOR NAME AUDRENS Shermal 2926 INDIAN HOllOW 5.3 STREET ADDRESS STREET ADDRESS 78261 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 63 STREET ADORESS STREET ADDRESS 6.4 CiTY-ST-ZiP CITY-ST-ZIP

4. 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 annual report or supplemental annual 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/20/99

Daytime Phone #

KZEU3/ (11/98)