

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90008-011-\$61.25-\$61.25

DOCUMENT # N99000003444

1. Entity Name

ABUNDANT LOVE INTERNATIONAL MINISTRIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 SEP 27 AM 6:53

Principal Place of Business

Mailing Address

620 EAST MAIN STREET
LAKE BUTLER FL 32054

620 EAST MAIN STREET
LAKE BUTLER FL 32054

2. Principal Place of Business

CR231 S RT4 Box 2555A

3. Mailing Address

P.O. Box 118

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Butler FL

City & State

Worthington Spgs FL

4. FEI Number

311691270

Applied For

Not Applicable

Zip

USA

Zip

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JEFFREY
620 EAST MAIN STREET
LAKE BUTLER FL 32054

RT 2 Box 118
Lake Butler
Worthington Spgs FL 32697

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.

SIGNATURE

Jeffrey Williams

9-13-00

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEFFREY	
STREET ADDRESS	PO BOX 118	
CITY-ST-ZIP	WORTHINGTON SPRINGS FL 32697	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CATHY	
STREET ADDRESS	PO BOX 118	
CITY-ST-ZIP	WORTHINGTON SPRINGS FL 32697	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADKINS, KITTY	
STREET ADDRESS	PO BOX 118	
CITY-ST-ZIP	WORTHINGTON SPRINGS FL 32697	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9-13-00

9044964735

Date

Daytime Phone

CR2E037 (5/00)