

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005502

1. Entity Name

ABUNDANT LOVE PROPHETIC MINISTRIES INC.

Principal Place of Business

Mailing Address

5031 SPRINGWOOD DRIVE
TAMPA FL 33624

5031 SPRINGWOOD DRIVE
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

3314 S. Dale Mabry
Suite, Apt. #, etc. Hwy 4

3321 Cheriot Dr.
Suite, Apt. #, etc. TAMPA, FL.

City & State
Tampa, FL 33624

City & State

Zip

Country

Zip

Country

Hillsborough 33618

Hillsborough

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

ROBINSON, CAROLYN
5031 SPRINGWOOD DRIVE
TAMPA FL 33624

ROBINSON, CAROLYN
5031 SPRINGWOOD DRIVE
TAMPA, FL.

City

Tampa, FL.

FL

33618

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

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

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
NAME Edgardo Delgado D
STREET ADDRESS 5031 Springwood Dr.
CITY-ST-ZIP Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Mary Delgado
STREET ADDRESS 5031 Springwood Dr.
CITY-ST-ZIP Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Minister
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Dean
NAME David Prince III
STREET ADDRESS 3910 Hunt Rd. Apt. #235
CITY-ST-ZIP Tampa, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02 813918-3156

Date

Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-02-2002 90140 033 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)