

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002951

**Entity Name:** ABUNDANT LIFE FELLOWSHIP OF OCALA, INC.**Current Principal Place of Business:**10345 S.W. 27TH AVE  
OCALA, FL 34476**Current Mailing Address:**PO BOX 4498  
OCALA, ., FL 34478 US**FEI Number: 59-3651065****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRENCH, DAVID AREV.  
16151 SW 44TH CIR  
OCALA, FL 34473 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	FRENCH, THERESA
Address	16151 SW 44TH CIR
City-State-Zip:	OCALA FL 34473

Title	T-T
Name	SABATELLA, LISA M
Address	4188 SW 128TH PLACE
City-State-Zip:	OCALA FL 34473

Title	P
Name	FRENCH, DAVID A
Address	16196 SW 44TH CIR
City-State-Zip:	OCALA FL 34473

Title	SECRETARY
Name	HENDRICK, GAILA
Address	PO BOX 4498 8880 SW 27 AVE
City-State-Zip:	OCALA, . FL 34478

Title	TRUSTEE
Name	ARESON, RALPH
Address	15279 SW 43RD TERRACE ROAD
City-State-Zip:	OCALA FL 34473

Title	TRUSTEE
Name	BORY, LOUISE
Address	11220 SE 33RD COURT
City-State-Zip:	OCALA FL 34480

Title	TRUSTEE
Name	HENDRICK, WAYNE
Address	8880 SW 27TH AVE A49
City-State-Zip:	OCALA FL 34476

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LISA SABATELLA****TREASURER****01/11/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date