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.

PRESIDENT

SIGNATURE: WILLIAMS, JB PH.D

Electronic Signature of Signing Officer/Director Detail

Title Nar Add 32311 City Title SEC.

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.

Off

Name

Address

City-State-Zip:

WILLIAMS, CA

860 EAGLEVIEW DR

TALLAHASSEE FL 32311

SIGNATURE	:		
	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PRES	Title	VP
Name	WILLIAMS, JB PH.D.	Name	WILLS, D. E
Address	860 EAGLEVIEW DR.	Address	860 EAGLEVIEW DR
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	TALLAHASSEE FL

Name and Address of Current Registered Agent:

4213 WOODVILLE HWY TALLAHASSEE, FL 32305

Current Mailing Address:

FEI Number: 33-0357112

WILLS, D. E 860 EAGLEVIEW DR. TALLAHASSEE, FL 32311 US

4213 WOODVILLE HWY TALLAHASSEE, FL 32305

DOCUMENT# N0700000697

Current Principal Place of Business:

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ABUNDANT LIVING FAITH MINISTRIES, INC.

Certificate of Status Desired: No

Apr 01, 2014 Secretary of State CC9148059598

FILED

04/01/2014

Date

Date