FEI Number: 33-0357112			Certificate of Status Desired: No	
Name and A	Address of Current Registered	Agent:		
GALLON, N. 4213 WOODVIL TALLAHASSEE	LE HWY 5, FL 32305 US			
The above named	d entity submits this statement for the purpose	e of changing its registered office or regis	tered agent, or both, in the State of F	-lorida.
SIGNATURE	E: N. GALLON			04/17/2024
	Electronic Signature of Registered A	gent		Date
Officer/Dire	ctor Detail :			
Title	PRES	Title	DIRECTOR	
Name	WILLIAMS, JB PH.D.	Name	GALLON, N.	
Address	4213 WOODVILLE HWY	Address	4213 WOODVILLE HWY	
City-State-Zip:	TALLAHASSEE FL 32305	City-State-Zip:	TALLAHASSEE FL 32305	
Title	SEC.			
Name	BWILLIAMS, CA			
Address	4213 WOODVILLE HWY			

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: JB WILLIAMS PH.D.

City-State-Zip: TALLAHASSEE FL 32305

Electronic Signature of Signing Officer/Director Detail

## **Current Mailing Address:**

TALLAHASSEE, FL 32317 US

Entity Name: ABUNDANT LIVING FAITH MINISTRIES, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

4213 WOODVILLE HWY

DOCUMENT# N0700000697

TALLAHASSEE, FL 32305

P.O. BOX 15101

## FEI N . . . 00 0057440

Apr 17, 2024 **Secretary of State** 5013466388CC

FILED

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04/17/2024

Date

## PRESIDENT