

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000697

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC8139861890**

**Entity Name:** ABUNDANT LIVING FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

4213 WOODVILLE HWY  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

P.O. BOX 15101  
TALLAHASSEE, FL 32317 US

**FEI Number: 33-0357112**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GALLON, N.  
4213 WOODVILLE HWY  
TALLAHASSEE, FL 32305 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: N. GALLON**

**04/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            WILLIAMS, JB PH.D.  
Address        860 EAGLEVIEW DR.  
City-State-Zip: TALLAHASSEE FL 32311

Title            VP  
Name            GALLON, N.  
Address        4213 WOODVILLE HWY  
City-State-Zip: TALLAHASSEE FL 32305

Title            SEC.  
Name            WILLIAMS, CA  
Address        860 EAGLEVIEW DR  
City-State-Zip: TALLAHASSEE FL 32311

*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: DR. JB WILLIAMS**

**PRESIDENT**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date