

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

DOCUMENT# N12000011873

**Entity Name:** GRANT ABUNDANT LIFE INC.

**Current Principal Place of Business:**

6121 NW 23RD TERRACE  
GAINESVILLE, FL 32653

**Current Mailing Address:**

PO BOX 140223  
GAINESVILLE, FL 32614 US

**FEI Number:** 46-1711050

**Certificate of Status Desired:** No

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

KELTON, MIKE  
142 E NEW YORK AVE  
DELAND, FL 32724 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 P  
Name O'NEIL, KERI A  
Address 6115 NW 26TH ST  
City-State-Zip: GAINESVILLE FL 32653

Title VP  
Name BAUZON, BROOKE L  
Address 6115 NW 26TH ST  
City-State-Zip: GAINESVILLE FL 32653

Title S  
Name O'NEIL, MICHELE L  
Address 6115 NW 26TH ST  
City-State-Zip: GAINESVILLE FL 32653

Title T  
Name RUDD, SHELBY A  
Address 1609 NW 29TH RD  
APT 139  
City-State-Zip: GAINESVILLE FL 32605

*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:** SHELBY RUDD

**TREASURER**

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date