

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000003657

**Entity Name:** LIVING LIFE ABUNDANTLY INTERNATIONAL CORP

**Current Principal Place of Business:**

4638 SW GALAXIE ST  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

4638 SW GALAXIE ST  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 92-3007876

**Certificate of Status Desired:** No

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

BROWN, SUSAN J  
4638 SW GALAXIE ST  
PORT SAINT LUCIE, FL 34953 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            PRES  
Name            BROWN, SUSAN J  
Address        4638 SW GALAXIE ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            VP  
Name            ROLLE, RHONDALYN A  
Address        1019 BANKS AVE S  
City-State-Zip: LEHIGH ACRES FL 33974

Title            VP  
Name            EVANS, BRIAHEIM D  
Address        4638 SW GALAXIE ST  
City-State-Zip: PORT ST LUCIE FL 34953-6655

Title            SECRETARY/TREASURER  
Name            BROWN, ERIC LEROY  
Address        4638 SW GALAXIE ST  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** SUSAN J BROWN

**PRESIDENT**

**04/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date