

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723478 (4)
1. Corporation Name
ABUNDANT LIFE ASSEMBLY OF GOD INC



Principal Place of Business: **6627 LITHIA-PINECREST ROAD LITHIA FL 33547**
Mailing Address: **P.O. BOX 648 LITHIA FL 33547**

3. Date Incorporated or Qualified: **05/23/1972**
3a. Date of Last Report: **07/03/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STREETMAN, MAURICE S
906 DIXIE MAID LANE
VALRICO FL 33594**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD, LOMAX	1.2 NAME	
STREET ADDRESS	6627 HWY 640, POB 648	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETMAN, MAURICE S	2.2 NAME	
STREET ADDRESS	906 DIXIE MAID LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, PATRICIA	3.2 NAME	
STREET ADDRESS	4539 JEAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNE, HARVEY E.	4.2 NAME	Director
STREET ADDRESS	18107 DORMAN RD.	4.3 STREET ADDRESS	Dorothy Klein
CITY-ST-ZIP	LITHIA FL	4.4 CITY-ST-ZIP	11120 Charolais Road
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STEVE	5.2 NAME	Lithia, FL 33547
STREET ADDRESS	1206 PELOTE CEMETARY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JEREMIAH	6.2 NAME	
STREET ADDRESS	19218 RED BIRD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Lomax Lunsford** 4-22-96 813-685-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)