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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
6627 LITHIA-PINECREST ROAD LITHIA FL 33547 P.O. BOX 648 LITHIA FL 33547-0648

3. Date Incorporated or Qualified 05/23/1972 3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1989097 Applied For Not Applicable
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

9. Name and Address of Current Registered Agent
STREETMAN, MAURICE S
906 DIXIE MAID LANE
VALRICO FL 33594
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD [X] DELETE 1.1 TITLE PD [] Change [X] Addition
NAME LUNSFORD, LOMAX 1.2 NAME SHOAF, DAVID A
STREET ADDRESS 6627 HWY 640, POB 648 1.3 STREET ADDRESS 18230 DORMAN RD.
CITY-ST-ZIP LITHIA FL 1.4 CITY-ST-ZIP LITHIA, FL 33547
TITLE ST [] DELETE 2.1 TITLE [] Change [] 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 [] DELETE 3.1 TITLE [] Change [] 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 [] DELETE 4.1 TITLE [] Change [] Addition
NAME KLEIN, DOROTHY 4.2 NAME
STREET ADDRESS 11120 CHAROLAIS ROAD 4.3 STREET ADDRESS
CITY-ST-ZIP LITHIA FL 4.4 CITY-ST-ZIP
TITLE D [] DELETE 5.1 TITLE [] Change [] Addition
NAME WILLIAMS, STEVE 5.2 NAME
STREET ADDRESS 1206 PELOTE CEMETARY RD. 5.3 STREET ADDRESS
CITY-ST-ZIP LITHIA FL 5.4 CITY-ST-ZIP
TITLE D [] DELETE 6.1 TITLE [] Change [] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: David A. Shoaf 1-7-97 813-685-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)