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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-25-1999 90014 089 ****61.25
 04-25-1999 90014 090 *****8.75

DOCUMENT # 723478

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/23/1972

21 Suite, A st. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1989097

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

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

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 DELETE
 NAME SHOAF, DAVID A
 STREET ADDRESS 18230 DORMAN RD
 CITY-ST-ZIP LITHIA FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE ST DELETE
 NAME STREETMAN, MAURICE S
 STREET ADDRESS 906 DIXIE MAID LANE
 CITY-ST-ZIP VALRICO FL 33594

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME HICKEY, PATRICIA
 STREET ADDRESS 4539 JEAN STREET
 CITY-ST-ZIP VALRICO FL 33594

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME KLEIN, DOROTHY
 STREET ADDRESS 11120 CHAROLAIS ROAD
 CITY-ST-ZIP LITHIA FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME WILLIAMS, STEVE
 STREET ADDRESS 1206 PELOTE CEMETARY RD.
 CITY-ST-ZIP LITHIA FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME SULLIVAN, JEREMIAH
 STREET ADDRESS 19218 RED BIRD LANE
 CITY-ST-ZIP LITHIA FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Pastor David A. Shoaf **SIGNATURE REQUIRED** David A. Shoaf 4-9-99 813-685-4240
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)