


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-22-2004 90002 026 ****61.25

DOCUMENT # 723478
 1. Entity 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

66431767



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

07152004 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-1989097
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STREETMAN, MAURICE S
 906 DIXIE MAID LANE
 VALRICO, FL 33594

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 8, 2004.

9. Election Campaign Financing: Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: GAINER, HARVEY A STREET ADDRESS: 18230 DORMAN RD CITY-ST-ZIP: LITHIA, FL 33547	<input type="checkbox"/> Delete Pastor / President
TITLE: ST NAME: STREETMAN, MAURICE S STREET ADDRESS: 906 DIXIE MAID LANE CITY-ST-ZIP: VALRICO, FL 33594	<input type="checkbox"/> Delete Deacon
TITLE: T NAME: NEWBERRY, TONY STREET ADDRESS: 17826 DORMAN RD. CITY-ST-ZIP: LITHIA, FL 33547	<input type="checkbox"/> Delete
TITLE: D NAME: KLEIN, DOROTHY STREET ADDRESS: 11120 CHAROLAIS ROAD CITY-ST-ZIP: LITHIA, FL	<input type="checkbox"/> Delete
TITLE: D NAME: ALLEN, DAVID STREET ADDRESS: 18403 BOYETTE RD CITY-ST-ZIP: LITHIA, FL 33547	<input type="checkbox"/> Delete
TITLE: D NAME: LIGHTFOOT, BOBBY STREET ADDRESS: 11104 BORMAN ROAD CITY-ST-ZIP: LITHIA, FL 33547	<input type="checkbox"/> Delete Deacon

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: Wayne Long STREET ADDRESS: 19144 Dorman Rd. CITY-ST-ZIP: Lithia FL 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition trustee
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. Harvey Gainer HARVEY GAINER 7/15/04 813-653-0156
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Pastor / President