


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90009 050 ****70.00

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STREETMAN, MAURICE S (DELETE MAURICE STREETMAN) 906 DIXIE MAID LANE VALRICO, FL 33594				Name <u>HARVEY GAINER</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>18230 Dorman Rd.</u>	
				City <u>Lithia FL</u>	Zip Code <u>33547</u>
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 <u>Harvey Gainer</u>				DATE <u>8/10/5</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reissuing)	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAINER, HARVEY A		NAME		
STREET ADDRESS	18230 DORMAN RD		STREET ADDRESS		
CITY-ST-ZIP	LITHIA, FL 33547		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREETMAN, MAURICE S		NAME	<u>RON JENKINS</u>	
STREET ADDRESS	906 DIXIE MAID LANE		STREET ADDRESS	<u>1910 Dorman Rd.</u>	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	<u>Lithia FL 33547</u>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, WAYNE		NAME		
STREET ADDRESS	19144 DORMAN RD		STREET ADDRESS		
CITY-ST-ZIP	LITHIA, FL 33547		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIGHTFOOT, BOBBY		NAME		
STREET ADDRESS	11104 BORMAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	LITHIA, FL 33547		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Rev. Harvey Gainer</u>		DATE: <u>8/10/5</u>		DAYTIME PHONE # <u>813-653-0156</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00062801



08102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1989097

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by September 7, 2005

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	PP	<input type="checkbox"/> Delete
NAME	GAINER, HARVEY A	
STREET ADDRESS	18230 DORMAN RD	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	D	<input checked="" type="checkbox"/> Delete
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CITY-ST-ZIP	VALRICO, FL 33594	
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NAME	LONG, WAYNE	
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TITLE	D	<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>RON JENKINS</u>	
STREET ADDRESS	<u>1910 Dorman Rd.</u>	
CITY-ST-ZIP	<u>Lithia FL 33547</u>	
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SIGNATURE: Rev. Harvey Gainer

DATE: 8/10/5

DAYTIME PHONE # 813-653-0156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #