

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90467 001 ***122.50

DOCUMENT # 733899

1. Entity Name

ABUNDANT LIFE INC.



Principal Place of Business

**1101 FAIRBURN AVENUE
CLEARWATER FL 33755**

Mailing Address

**1101 FAIRBURN AVENUE
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1648580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUFFMAN, WANDA
1101 FAIRBURN AVE
CLW FL 33755**

7. Name and Address of New Registered Agent

Name **Wanda Fyfe**

Street Address (P.O. Box Number is Not Acceptable)

**1120 N. BETTY LANE
CLW FLA.**

City **CLW**

FL

Zip Code

33755

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 **Wanda Fyfe Wanda Fyfe**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-03

DATE

FILE NOW: FEE IS \$61.25

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** ☐ Delete
NAME **GREEN, OTIS C.**
STREET ADDRESS **1120 N. BETTY LANE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ Delete
NAME **GREEN, BARBARA C.**
STREET ADDRESS **1101 FAIRBURN AVE.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ Delete
NAME **MCABEE, DAVID A.**
STREET ADDRESS **1204 FAIRBURN AVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **SD** ☒ Delete
NAME **HUFFMAN, WANDA L.**
STREET ADDRESS **450 GULFVIEW BLVD., #1504**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Wanda Fyfe**
STREET ADDRESS **1120 N. BETTY LANE**
CITY-ST-ZIP **CLW FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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: **SIGNATURE OF BARBARA Green** **1-14-03** **727-442-9041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)