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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737618** (9)

1. Corporation Name

ABUNDANT LIFE CHURCH OF FORT WALTON BEACH, FLORIDA, INC.

Principal Place of Business

Mailing Address

**233 N HILL AVENUE
P.O. BOX 1474
FT. WALTON BCH FL 32549-1474**

**233 N HILL AVENUE
P.O. BOX 1474
FT. WALTON BCH FL 32549-1474**

3. Date Incorporated or Qualified

12/22/1976

4. FEI Number

59-1738870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNE, L. M.
233 N HILL AVE.
FT. WALTON BCH FL 32548**

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 **P** ☐ DELETE
NAME **THORNE, L. M.**
STREET ADDRESS **9412 BONEBLUFF ROAD**
CITY-ST-ZIP **NAVARRE FL**

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

TITLE **TD** ☐ DELETE
NAME **THORNE, TERRY K.**
STREET ADDRESS **433 EMERALD POINTE DRIVE**
CITY-ST-ZIP **MARY ESTHER FL**

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

TITLE **D** ☐ DELETE
NAME **SMEDLEY, JACK**
STREET ADDRESS **1010 JULIA AVENUE**
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **D** ☐ DELETE
NAME **BROWN, GENE**
STREET ADDRESS **415 BRIDGEWATER CT**
CITY-ST-ZIP **MARY ESTHER FL**

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

TITLE **D** ☐ DELETE
NAME **CAWOOD, LEWIS G JR**
STREET ADDRESS **113 INDIAN TRAIL**
CITY-ST-ZIP **CRESTVIEW FL**

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

TITLE **D** ☐ DELETE
NAME **MITCHELL, HAROLD**
STREET ADDRESS **499 E PURL ADAMS AVE**
CITY-ST-ZIP **CRESTVIEW FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Harold Mitchell**
6.4 CITY-ST-ZIP **4 Greenwood Circle**
Ft. Walton Beach, FL 32547

14. 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 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:



Terry K. Thorne, Administrator

4/1/98

850-244-7651

CR2E037 (10/97)