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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 737618

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THORNE, L. M.		1.2 NAME		
STREET ADDRESS	9412 BONEBLUFF ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THORNE, TERRY K.		2.2 NAME		
STREET ADDRESS	433 EMERALD POINTE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMEDLEY, JACK		3.2 NAME		
STREET ADDRESS	1010 JULIA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, GENE		4.2 NAME		
STREET ADDRESS	415 BRIDGEWATER CT		4.3 STREET ADDRESS	941 Pocahontas Drive #23	
CITY-ST-ZIP	MARY ESTHER FL		4.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAWOOD, LEWIS G JR		5.2 NAME		
STREET ADDRESS	113 INDIAN TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MITCHELL, HAROLD		6.2 NAME		
STREET ADDRESS	499 E PURL ADAMS AVE		6.3 STREET ADDRESS	4 Greenwood Circle	
CITY-ST-ZIP	CRESTVIEW FL		6.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	

CR2E037 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED Terry K. Thorne 4-23-99 850-244-7651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #