

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90025 038 \*\*\*\*61.25

**DOCUMENT # 748058**

1. Entity Name  
**ABUNDANT LIFE CHRISTIAN CENTRE, INC.**



Principal Place of Business  
**1490 BANKS ROAD  
MARGATE, FL 33063**

Mailing Address  
**1490 BANKS ROAD  
MARGATE, FL 33063**

40022037



**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1937119**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, RICHARD W  
1855 NW 124 AVE  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>
NAME	<b>SCAVONE, AL</b>
STREET ADDRESS	<b>4632 ROTHSCHILD DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>
TITLE	<b>VP S/T</b>
NAME	<b>THOMS, KATHY</b>
STREET ADDRESS	<b>1855 NW 124 AVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	<b>P</b>
NAME	<b>THOMAS, RICHARD W</b>
STREET ADDRESS	<b>1855 NW 124 AVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	<b>MD D</b>
NAME	<b>THOMAS, SHYRELL Heather Thomas</b>
STREET ADDRESS	<b>7020 W. UPPER RIDGE DR. 3857 Turtle Run Blvd</b>
CITY-ST-ZIP	<b>PARKLAND, FL 33067 Coral Springs, FL 33067</b>
TITLE	<b>STD D</b>
NAME	<b>THOMAS, G. ERIC Steve Soto</b>
STREET ADDRESS	<b>7200 W. UPPER RIDGE DR. 880 Grand Rapids Blvd</b>
CITY-ST-ZIP	<b>PARKLAND, FL 33067 Naples, FL 34120</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Richard W Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

954-972-0660

Daytime Phone #