

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **756978** (3)

1. Corporation Name

**ABUNDANT LIFE FELLOWSHIP OF JACKSONVILLE, INC.**



Principal Place of Business

Mailing Address

**2016 ANNISTON ROAD  
JACKSONVILLE FL 32216**

**2016 ANNISTON ROAD  
JACKSONVILLE FL 32216**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

**32216**

25

29

**32216**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, MICHAEL S.  
14750 BEACH BLVD. #20  
JACKSONVILLE FL 32250**

81

Name

**DONALD R. KITTLE**

82

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

**3860 SHADY LANE**

83

84

City

**JACKSONVILLE**

**FL**

85

Zip Code

**32277**

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

*Donald R. Kittle*

(NOTE: Registered Agent signature required when reinstating)

**3/27/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | TURNER, MIKE               |  |
| STREET ADDRESS | 14750 BEACH BLVD., #20     |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32250      |  |
| TITLE          | VD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | CRAWFORD, GREG             |  |
| STREET ADDRESS | 671 LOWER 8TH AVENUE SOUTH |  |
| CITY-ST-ZIP    | JACKSONVILLE BEACH FL      |  |
| TITLE          | STD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | TURNER, DEBORAH            |  |
| STREET ADDRESS | 14750 BEACH BLVD., #20     |  |
| CITY-ST-ZIP    | JACKSONVILLE FL            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | PD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | DONALD R. KITTLE          |  |
| 1.3 STREET ADDRESS | 3860 SHADY LANE           |  |
| 1.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32277    |  |
| 2.1 TITLE          | VD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | WAYNE A. YOUNG            |  |
| 2.3 STREET ADDRESS | 12150 CISCO GARDEN RD. N. |  |
| 2.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32219    |  |
| 3.1 TITLE          | STD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | DANIEL L. JEFFERY         |  |
| 3.3 STREET ADDRESS | 1437 PLACER AVE           |  |
| 3.4 CITY-ST-ZIP    | JACKSONVILLE, FL 32207    |  |
| 4.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                           |  |
| 4.3 STREET ADDRESS |                           |  |
| 4.4 CITY-ST-ZIP    |                           |  |
| 5.1 TITLE          | 200001897088              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | -07/17/96--01090--007     |  |
| 5.3 STREET ADDRESS | ***61.25                  |  |
| 5.4 CITY-ST-ZIP    |                           |  |
| 6.1 TITLE          |                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           |                           |  |
| 6.3 STREET ADDRESS |                           |  |
| 6.4 CITY-ST-ZIP    |                           |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Daniel L. Jeffery* DANIEL L. JEFFERY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY

**3/27/96**

DATE

**904-720-2042**

Daytime Phone

CR2E037 (12/95)