

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

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DOCUMENT # 766366

1. Corporation Name

ABUNDANT LIFE OUTREACH TEACHING CENTER, INCORPORATED

Principal Place of Business

7700 WILSON BLVD.
JACKSONVILLE FL 32210

Mailing Address

7700 WILSON BLVD.
JACKSONVILLE FL 32210



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/30/1982

4. FEI Number

59-2242031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROOKS, L OMERGENE
4222 ST FRANCIS CIR
JACKSONVILLE, FL
32210

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STD**
STREET ADDRESS **BROOKS, L OMERGENE**
CITY-ST-ZIP **4222 ST FRANCIS CIR**
JACKSONVILLE, FL 00000 32210

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **BROOKS, WILLIAM E**
CITY-ST-ZIP **4222 ST FRANCIS CIR**
JACKSONVILLE, FL 00000 32210

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **BROOKS, VAN W.**
CITY-ST-ZIP **11 SCARLET OAK CT.**
EFFINGHAM IL 62401

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **PICKERING, ROGER E**
CITY-ST-ZIP **816 SANDLEWOOD DR**
ORANGE PARK FL 32065

TITLE ☐ DELETE

NAME **Nail, Leroy H.**
STREET ADDRESS **5609 Timuquana Road**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

Wm. E. Brooks (PD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)