


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 766366 1. Entity Name ABUNDANT LIFE OUTREACH TEACHING CENTER, INCORPORATED	
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Principal Place of Business 7700 WILSON BLVD. JACKSONVILLE, FL 32210	Mailing Address 7700 WILSON BLVD. JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2242031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 *L. Omergene Brooks* *L. Omergene Brooks* *Mar. 19, 2004*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when retreating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000094298 03/22/04-80053-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROOKS, L OMERGENE 4222 ST FRANCIS CIR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROOKS, WILLIAM E 4222 ST FRANCIS CIR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, VAN W. 15480 N EAST ROAD EFFINGHAM, IL 62401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICKERING, ROGER E 816 SANDLEWOOD DR ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.

SIGNATURE: *L. Omergene Brooks* *WME Brooks* *MAR 19, 2004* *777-1888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #