

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # 766366

1. Entity 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



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2242031

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PICKERING, ROGER E
816 SANDLEWOOD DR
ORANGE PARK, FL 32065

**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, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	PICKERING, LINDA C
STREET ADDRESS	816 SANDLEWOOD DR
CITY-STATE-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	WATSON, REBECCA L
STREET ADDRESS	172 BLAIR LANE
CITY-STATE-ZIP	INVERNESS, IL 60067
TITLE	PD
NAME	PICKERING, ROGER E
STREET ADDRESS	816 SANDLEWOOD DR
CITY-STATE-ZIP	ORANGE PARK, FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000534670
05/08/06-80020-019 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roger E. Pickering, Pres. 4/24/06 904-777-1888
Roger E. Pickering