

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768034

FILED  
Jan 29, 2008  
Secretary of State

**Entity Name:** ABUNDANT LIVING MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

14331 S.W. 72 ST.  
FT. LAUDERDALE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 82005  
SOUTH FLORIDA, FL 330820085 US

**New Mailing Address:**

**FEI Number:** 59-2308290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, FRANCISCA A  
1528 NW 159 AVE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: THOMAS, HUGH MR.  
Address: 2350 CUMBERLAND LAKES DR  
City-St-Zip: MONTEREY, TN 38574

Title: DV ( ) Delete  
Name: THOMAS, DIANE J MRS.  
Address: 2350 CUMBERLAND LAKES DR  
City-St-Zip: MONTEREY, TN 38574

Title: D ( ) Delete  
Name: DANIEL, LINDA E MS.  
Address: 1149 NW 122ND TERR.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: GAMBLE, BARBARA A MS.  
Address: 4250 NW 49TH TERR  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DS ( ) Delete  
Name: GREEN, LACOUNT J MR  
Address: 2872 CAMBRIDGE LN.  
City-St-Zip: HOLLYWOOD,, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH THOMAS

DP

01/29/2008

Electronic Signature of Signing Officer or Director

Date