

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769792

1. Entity Name

LIFE MORE ABUNDANT FELLOWSHIP, INC.

Principal Place of Business

ROUTE 1 BOX 243F
BRISTOL FL 32321

Mailing Address

ROUTE 1 BOX 243F
BRISTOL FL 32321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 59-2353231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FLOWERS, EARN J.
RT. 1, BOX 243F
BRISTOL FL 32321

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME WILLIAMS, WAYNE H.
STREET ADDRESS 723 HIGHWAY 22 A.S.
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE D
NAME GRACE F. GRIFFIN
STREET ADDRESS ROUTE 1, BOX 243F, C-379
CITY-ST-ZIP BRISTOL, FL 32321 ☐ Change ☒ Addition

TITLE TD
NAME FLOWERS, GLORIA N.
STREET ADDRESS ROUTE 1, BOX 243F, C-379
CITY-ST-ZIP BRISTOL FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PMD
NAME FLOWERS, EARN J
STREET ADDRESS RT 1 BOX 243F, C-379
CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Earn J. Flowers

REQUIREDT. FLOWERS

2/12/02

(850)643-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90015 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)