

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90057 049 ****61.25

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

J4012401



MOORE

CR2E037 (11/03)

2. Principal Place of Business

15878 NW CR 379

Suite, Apt. #, etc.

3. Mailing Address

15878 NW CR 379

Suite, Apt. #, etc.

City & State

BRISTOL FL

City & State

BRISTOL FL

4. FEI Number

59-2353231

Applied For

Not Applicable

Zip

32321

Country

USA

Zip

32321

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, EARN J.
15878 NW CR 379
BRISTOL FL 32321

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Earn J. Flowers

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

(NOTE: Registered Agent signature required when reinstating)

2-4-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE TD
NAME FLOWERS, GLORIA N.
STREET ADDRESS 15878 NW CR 379
CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete

TITLE PMD
NAME FLOWERS, EARN J.
STREET ADDRESS 15878 NW CR 379
CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete

TITLE D
NAME GRIFFIN, GRACE F
STREET ADDRESS 15878 NW CR 379
CITY-ST-ZIP BRISTOL FL 32321 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

Date

850-643-5232

Daytime Phone #