

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 769792 1. Entity Name LIFE MORE ABUNDANT FELLOWSHIP, INC.					
Principal Place of Business 15878 NW CR 379 BRISTOL FL 32321		Mailing Address 15878 NW CR 379 BRISTOL FL 32321			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2353231	
Zip	Country	Zip	Country	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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, WAYNE H. 723 HIGHWAY 22 A.S. PANAMA CITY FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOWERS, GLORIA N. 15878 NW CR 379 BRISTOL FL 32321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD FLOWERS, EARN J 15878 NW CR 379 BRISTOL FL 32321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GRACE F 15878 NW CR 379 BRISTOL FL 32321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.