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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769928

1. Corporation Name

PENSACOLA ABUNDANT LIFE CHURCH, INC.

Principal Place of Business

8025 N. PALAFOX STREET
 PENSACOLA FL 32534

Mailing Address

8025 N. PALAFOX STREET
 PENSACOLA FL 32534



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

08/22/1983

4. FEI Number

59-3490993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

PEADEN, REV. ADDISON
 8025 N. PARAFOX STREET
 PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD Peaden** ☐ DELETE
 NAME **DEARDEN, GLENNIS**
 STREET ADDRESS **5828 TWIN OAKS DR.**
 CITY-ST-ZIP **PACE FL 32571**

TITLE **VD** ☐ DELETE
 NAME **RIVETTE, STEVE**
 STREET ADDRESS **5168 ROWE TRAIL**
 CITY-ST-ZIP **PACE FL**

TITLE **SD** ☐ DELETE
 NAME **MESSER, OPAL**
 STREET ADDRESS **7478 WOODSIDE RD**
 CITY-ST-ZIP **PENSACOLA FL 3256**

TITLE **TD Seagraves S** ☐ DELETE
 NAME **SEAGRAVES, LINDA D**
 STREET ADDRESS **5812 TWIN OAKS DR**
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME **Peaden, Glennis**
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME **Seagraves, Linda D.**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Glennis Peaden** SIGNATURE REQUIRED

2/3/99 850-994-7256

CR2E037 (11/98)