


FILED

Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000810 1. Entity Name ABUNDANT LIFE COMMUNITY CHURCH OF PINELLAS COUNTY, INC.		
Principal Place of Business 10585 119TH STREET NORTH LARGO FL 33778	Mailing Address 10585 119TH STREET NORTH LARGO FL 33778	



DO NOT WRITE IN THIS SPACE



03142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3628024

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TULLY, WODDIE N
10585 119TH STREET NORTH
LARGO, FL 33778

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TULLY, WOODIE N 10585 119TH ST N. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD TULLY, JULIA M 10585 119TH ST N, LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FOSTER, EDITH B 8703 BARDMOOR BLVD #306 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

03/21/05-80076-001 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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(s) so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05 727-399-1773

Notes

Daytime Phone #