

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 001 ****70.00

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**



01032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3628024

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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]

DISREGARD

1-16-08

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, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

727-399-1773

Daytime Phone #