2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N00000002951

Entity Name: ABUNDANT LIFE FELLOWSHIP OF OCALA, INC.

Current Principal Place of Business:

10345 S.W. 27TH AVE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

PO BOX 4498
OCALA, FL 344784498

New Mailing Address:

FEI Number: 59-3651065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALDIN, JR., WILLIAM C ESQ
808 EASR FORT KING STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BORY, LOUISE	
Address:	11220 SE 33 CT.	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	ARESON, RALPH	
Address:	15279 SW 43RD TERR RD	
City-St-Zip:	OCALA, FL 34473	
Title:	D	( ) Delete
Name:	BONWELL, A. STEVEN	
Address:	9097 S.W. 32ND TERRACE	
City-St-Zip:	OCALA, FL 34476	
Title:	CEO	( ) Delete
Name:	MEYERS, MICHAEL E	
Address:	5074 SE 44 TH CIRCLE	
City-St-Zip:	OCALA, FL 34480	
Title:	T	( ) Delete
Name:	ARESON, MADELEINE	
Address:	15279 SW 43RD TR RD	
City-St-Zip:	OCALA, FL 34473	
Title:	T	( ) Delete
Name:	KILMER, RONELL	
Address:	8288 SW 116TH STREET	
City-St-Zip:	OCALA, FL 34481	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CORNELIUS, MIRACLE	
Address:	2035 SW 107 PLACE	
City-St-Zip:	OCALA, FL 34476	
Title:	O	(X) Change ( ) Addition
Name:	FRENCH, DAVID	
Address:	15954 SW 49 CT. RD.	
City-St-Zip:	OCALA, FL 34473	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELEINE ARESON T 04/10/2009

Electronic Signature of Signing Officer or Director — Date