

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002951

FILED
Apr 06, 2010
Secretary of State

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:

PO BOX 4498
OCALA, FL 34478 US

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: T
Name: BORY, LOUISE
Address: 11220 SE 33 CT.
City-St-Zip: OCALA, FL 34470 US

Title: D
Name: ARESON, RALPH
Address: 15279 SW 43RD TERR RD
City-St-Zip: OCALA, FL 34473 US

Title: D
Name: CORNELIUS, MIRACLE
Address: 2035 SW 107 PLACE
City-St-Zip: OCALA, FL 34476 US

Title: CEO
Name: FRENCH, DAVID
Address: 15954 SW 49 CT. RD.
City-St-Zip: OCALA, FL 34473 US

Title: T
Name: ARESON, MADELEINE
Address: 15279 SW 43RD TR RD
City-St-Zip: OCALA, FL 34473 US

Title: T
Name: NORMA, LACY
Address: 9171 SW 32ND TERRACE
City-St-Zip: OCALA, FL 34476 US

I hereby 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 all other like empowered.

SIGNATURE: MADELEINE S. ARESON

T

04/06/2010

Electronic Signature of Signing Officer or Director

Date