

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90100 003 ****70.00

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1. Entity Name

ABUNDANT LIFE INTERNATIONAL CHURCH OF WILDWOOD I NC.

Principal Place of Business

Mailing Address

**210 WONDER ST.
WILDWOOD FL 34785**

**PO BOX 1126
WILDWOOD FL 34785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3667330

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARKINS, JAMES E
1386 HWY. 301 S.
SUMTERVILLE FL 33585**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HARKINS, LAVON**
CITY-ST-ZIP **1386 HWY 301- SOUTH
SUMTERVILLE FL 33585**

TITLE ☐ Change ☒ Addition
NAME **DV Gwendolyn Ballard**
STREET ADDRESS **P.O. Box 462**
CITY-ST-ZIP **COLEMAN, FL 33521**

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **MOORE, PAULINE**
CITY-ST-ZIP **P.O. BOX 285
COLEMAN FL 33521**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **BRATHWAITE, JOSEPH**
CITY-ST-ZIP **P.O. BOX 296
COLEMAN FL 33521**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARKINS, JAMES E**
CITY-ST-ZIP **1386 HWY. 301- SOUTH
SUMTERVILLE FL 33585**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Lavon Harkins
LAVON HARKINS

04-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)