

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 045 ****70.00

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1. Entity Name

**ABUNDANT LIFE INTERNATIONAL CHURCH OF
WILDWOOD INC.**



Principal Place of Business

210 WONDER ST.
WILDWOOD FL 34785

Mailing Address

PO BOX 1126
WILDWOOD FL 34785

2. Principal Place of Business

1204 Church St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coleman FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3667330

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 restate)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE DV
NAME BALLARD, GWENDOLYN
STREET ADDRESS P.O. BOX 462
CITY-ST-ZIP COLEMAN FL 33521 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

LAVON HARKINS LAVON HARKINS 02/13/06