2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90094 002 ****70.00

DOCUMENT # N00000005745

1. Entity Name

ABUNDANT LIFE INTERNATIONAL CHURCH OF WILDWOOD INC.

Principal Place of Business	Mailing Address
1204 CHURCH ST COLEMAN FL 33521	PO BOX 1126 WILDWOOD FL 34785

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8777 Hwy 301 NO	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wildwood FL	City & State
Zip: 34785 Country: U.S.A.	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	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. 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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HARKINS, LAVON 1386 HWY 301- SOUTH SUMTERVILLE FL 33585	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MOORE, PAULINE P.O. BOX 285 COLEMAN FL 33521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☒ Change ☐ Addition P.O. Box 235 Coleman FL 33521
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARKINS, JAMES E 1386 HWY. 301- SOUTH SUMTERVILLE FL 33585	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BALLARD, GWENDOLYN P.O. BOX 462 COLEMAN FL 33521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Pauline Moore PAULINE MOORE 04-28-07 352-748-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #