

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90678 038 ****61.25

DOCUMENT # N00000006997	
1. Entity Name ABUNDANT LIFE HEALTH & FITNESS CENTER, INC.	

Principal Place of Business 3600 SOUTH STATE ROAD 7 SUITE 310 MIRAMAR FL 33023	Mailing Address 3600 SOUTH STATE ROAD 7 SUITE 310 MIRAMAR FL 33023
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05030410



MOORE CR2E037 (11/03)

4. FEI Number 65-1003611	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEVENS, VERA M 3600 SOUTH STATE ROAD 7 SUITE 310 MIRAMAR FL 33023	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME STEVENS, VERA M	TITLE Financial Secretary	NAME Vickey M. Mendez
STREET ADDRESS 3600 SOUTH STATE ROAD 7 #303	CITY-ST-ZIP MIRAMAR FL 33023	STREET ADDRESS 6336 SW 18 Street	CITY-ST-ZIP Miramar, FL 33024
TITLE VD	NAME STEVENS, KEVINS SR.	TITLE Jacqueline Townsend-Nutritionist	NAME 20501 NW 46 Avenue
STREET ADDRESS 3600 SOUTH STATE ROAD 7 #303	CITY-ST-ZIP MIRAMAR FL 33023	STREET ADDRESS Miami, FL 33055	CITY-ST-ZIP Miami, FL 33055
TITLE SD	NAME HAILE, DONNELL - Secretaty	TITLE Activity Events Coordinator	NAME Ruby Mahone
STREET ADDRESS 941 N.W. 201 STREET	CITY-ST-ZIP MIAMI FL 33169	STREET ADDRESS 1681 NW 189th Terr	CITY-ST-ZIP Miami, FL 33169
TITLE TD	NAME STEVENS, KEVINS JR. - Treasure	TITLE Activity Events Assistants Coord	NAME Joseph Witherspoon
STREET ADDRESS 3600 SOUTH STATE ROAD 7 #303	CITY-ST-ZIP MIRAMAR FL 33023	STREET ADDRESS 2546 Mayo Street	CITY-ST-ZIP Hollywood, FL 33030
TITLE D	NAME HAILE, OLIN - Events Vice-Chairman	TITLE	NAME
STREET ADDRESS 941 N.W. 201 STREET	CITY-ST-ZIP MIAMI FL 33169	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME MAHONE, JAMES E - Events Chairman	TITLE	NAME
STREET ADDRESS 1681 N.W. 189 TERRACE	CITY-ST-ZIP MIAMI FL 33169	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: Vera M. Stevens **4/29/04** **954** **964-5477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR