

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

5/15/

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-15-2006 90043 025 ****61.25

DOCUMENT # N00000006997 1. Entity Name ABUNDANT LIFE HEALTH & FITNESS CENTER, INC.					
Principal Place of Business 202 East Riverbend Drive Sunrise, FL 33326		Mailing Address 202 East Riverbend Drive Sunrise, FL 33326			
2. Principal Place of Business 202 East Riverbend Drive Suite, Apt. #, etc. Sunrise, FL 33326-2225 City & State		3. Mailing Address 202 East Riverbend Drive Suite, Apt. #, etc. Sunrise, FL 33326-2225 City & State			
Zip 33326-2225		Country Broward		4. FEI Number 65-1003611	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent STEVENS, VERA M 202 East Riverbend Drive Sunrise, FL 33326		7. Name and Address of New Registered Agent Name Vera M. Stevens Street Address (P.O. Box Number is Not Acceptable) 202 East Riverbend Drive City Sunrise, FL 33326-2225			
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 reappointing) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD STEVENS, VERA M 202 East Riverbend Drive Sunrise, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stevens, Vera 202 East Riverbend Drive Sunrise, FL 33326-2225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, KEVINS SR 202 East Riverbend Drive Sunrise, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Stevens, Kevins, Sr 202 East Riverbend Drive Sunrise, FL 33326-2225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAILE, DONNELL 941 N.W. 201 STREET MIAMI FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stevens, Kevins, Jr. TD 202 East Riverbend Drive Sunrise, FL 33326-2225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVENS, KEVINS JR. 202 East Riverbend Dr Sunrise, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacqueline Townsend/Nutritionist 20501 NW 46th Avenue Miami, FL 33055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAILE, OLIN 941 N.W. 201 STREET MIAMI FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Witherspoon/Coord Ass 2546 Mayo Street Hollywood, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAHONE, JAMES E 1681 N.W. 189 TERRACE MIAMI FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicky M. Mendez/Financ. Sec 6336 SW 18 Street Miramar, FL 33024	
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: <u>Vera M. Stevens</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-12-06 877 912-5433 Date Daytime Phone #		