

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 NOV 26 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006997

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



Principal Place of Business  
202 EAST RIVERBEND DRIVE  
SUNRISE, FL 33326-2225

Mailing Address  
P.O. BOX 266943  
WESTON, FL 33326-2225



07082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
202 EAST RIVERBEND DRIVE  
SUNRISE, FL 33326-2225

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-30-08

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May be  
Added to Fees

800137600488  
11/04/08--01009--001 \*\*\$61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
STEVENS, VERA M  
202 EAST RIVERBEND DRIVE  
SUNRISE, FL 333262225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
STEVENS, KEVINS L SR.  
202 EAST RIVERBEND DRIVE  
SUNRISE, FL 333262225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
STEVENS, KEVINS L JR.  
202 EAST RIVERBEND DRIVE  
SUNRISE, FL 333262225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HAILE, DONNELL  
941 NW 201 STREET  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FS  
MENDEZ, VICKY  
6336 SW 18TH STREET  
MIRAMAR, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BC  
MAHONE, JAMES E  
1681 N.W. 189 TERRACE  
MIAMI, FL 33169

800137600488  
11/26/08--01028--019 \*\*\$175.00

**DO NOT WRITE  
IN THIS SPACE**

**REINSTATEMENT**

2008

*[Signature]*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Vera M. Stevens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-08

Date

954 395-1214

Daytime Phone #