

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006997

FILED  
Aug 19, 2009  
Secretary of State

**Entity Name:** ABUNDANT LIFE HEALTH & FITNESS CENTER, INC.

**Current Principal Place of Business:**

202 EAST RIVERBEND DRIVE  
SUNRISE, FL 333262225

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 266943  
WESTON, FL 333262225

**New Mailing Address:**

**FEI Number:** 65-1003611      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STEVENS, VERA M  
202 EAST RIVERBEND DRIVE  
SUNRISE, FL 333262225 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: STEVENS, VERA M  
Address: 202 EAST RIVERBEND DRIVE  
City-St-Zip: SUNRISE, FL 333262225

Title: V ( ) Delete  
Name: STEVENS, KEVINS L SR.  
Address: 202 EAST RIVERBEND DRIVE  
City-St-Zip: SUNRISE, FL 333262225

Title: T ( ) Delete  
Name: STEVENS, KEVINS L JR.  
Address: 202 EAST RIVERBEND DRIVE  
City-St-Zip: SUNRISE, FL 333262225

Title: S ( ) Delete  
Name: HAILE, DONNELL  
Address: 941 NW 201 STREET  
City-St-Zip: MIAMI, FL 33169

Title: FS ( ) Delete  
Name: MENDEZ, VICKEY  
Address: 6336 SW 18TH STREET  
City-St-Zip: MIRAMAR, FL 33024

Title: BC ( ) Delete  
Name: MAHONE, JAMES E  
Address: 1681 N.W. 189 TERRACE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: STEVENS, KEVINS L SR.  
Address: 202 EAST RIVERBEND DRIVE  
City-St-Zip: SUNRISE, FL 333262225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA M. STEVENS

CEO

08/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date