

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006997

FILED
Mar 19, 2012
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CEOP
Name: STEVENS, VERA M
Address: 202 EAST RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 333262225

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

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

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

Title: FS
Name: MENDEZ, VICKEY
Address: 7210 PLANTATION BLVD
City-St-Zip: MIRAMAR, FL 33024

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

I hereby 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 all other like empowered.

SIGNATURE: VERA M. STEVENS

CEO

03/19/2012

Electronic Signature of Signing Officer or Director

Date