

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000008040

FILED
Oct 25, 2004
Secretary of State**Entity Name:** ABUNDANT LIFE INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**954 COBBLESTONE DRIVE
ORANGE PARK, FL 32065**New Principal Place of Business:****Current Mailing Address:**954 COBBLESTONE DRIVE
ORANGE PARK, FL 32065**New Mailing Address:****FEI Number:** 59-3736039 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:**FRANCIS, OCTAVIA
954 COBBLESTONE DRIVE
ORANGE PARK, FL 32065 US**Name and Address of New Registered Agent:**FRANCIS, OCTAVIA V
954 COBBLESTONE DRIVE
ORANGE PARK, FL 32065 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: OCTAVIA FRANCIS

10/25/2004

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: FRANCIS, OCTAVIA V
Address: 954 COBBLESTONE DRIVE
City-St-Zip: ORANGE PARK, FL 32065**Title:** VD () Delete
Name: FRANCIS, STUART W
Address: 954 COBBLESTONE DRIVE
City-St-Zip: ORANGE PARK, FL 32065**Title:** STD () Delete
Name: FRANCOIS, MARY W
Address: 5014 RAVEN WOOD DRIVE
City-St-Zip: GREEN COVE SPRGS., FL 32043**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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 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: OCTAVIA FRANCIS

PD

10/25/2004

Electronic Signature of Signing Officer or Director_____
Date