

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008040

**FILED**  
**Mar 02, 2010**  
**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 ( )**

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

FRANCIS, OCTAVIA V  
954 COBBLESTONE DRIVE  
ORANGE PARK, FL 32065 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:** PD  
**Name:** FRANCIS, OCTAVIA V  
**Address:** 954 COBBLESTONE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** VD  
**Name:** FRANCIS, STUART W MIN.  
**Address:** 954 COBBLESTONE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** STD  
**Name:** FRANCOIS, MARY W MIN  
**Address:** 5014 RAVEN WOOD DRIVE  
**City-St-Zip:** GREEN COVE SPRGS., FL 32043

**Title:** MIN  
**Name:** FRANCIS, WINSTON S MN  
**Address:** 954 COBBLESTONE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065 US

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:** OCTAVIA V. FRANCIS

DR.

03/02/2010

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

\_\_\_\_\_  
Date