


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90033 019 ****61.25

DOCUMENT # N01000000303					
1. Entity Name ABUNDANT FRUITS, INC.					
Principal Place of Business 1000 BETHUNE DR. ORLANDO, FL 32805			Mailing Address 1000 BETHUNE DR. ORLANDO, FL 32805		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3641944	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEMBARD, RALSTON B 8413 CLEMATIS LANE ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>RALSTON B. NEMBARD</i></u> 4/19/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURNE, EDDIE 6324 POWERS POINT CIRCLE ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAULSTON B. NEMBARD 8413 CLEMATIS LANE, (D) ORLANDO, FLORIDA 32819.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BYRON 4249 GAITHER DR. ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNESTINE HAWKINS, (D) 1105 CORETTA WAY, ORLANDO, FLORIDA 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, ISADORE 434 LAKESHORE DR. LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANNETTE THOMPSON, 3025 WILLIE MAYS PKWY., ORLANDO, FL. 32811 (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASH, DOUGLAS 1000 DRIFT CREED COVE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORRY THOMAS, (D) 1907 IVEY LANE, ORLANDO, FL. 32811.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGEANT, SONIA 173 CHICAGO WOODS CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>RALSTON NEMBARD</i></u>			4/19/04 (407) 352-6461		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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