

**2022 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90112 046 \*\*\*\*61.25

**DOCUMENT # NO1000000374**

1. Entity Name

**LIFE ABUNDANT MINISTRIES OF FAITH, INC.**

Principal Place of Business

Mailing Address

**6111 2ND ST EAST #1  
ST PETERSBURG FL 33706****6111 2ND ST EAST #1  
ST PETERSBURG FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3690378**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RUSS, CHRISTINE  
6111 2ND ST EAST #1  
ST PETERSBURG FL 33706**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RUSS, CHRISTINE**  
CITY-ST-ZIP **6111 2ND ST EAST #1  
ST PETERSBURG FL 33706**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HUNTER, NANCY**  
CITY-ST-ZIP **2502 SOUTH YALE  
TULSA OK 74114**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ASHCRAFT, ANNE**  
CITY-ST-ZIP **1380 GULF BLVD  
CLEARWATER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

9/12/02

727-367-7878  
727-803-1807

CR2E037 (4/02)