

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000992

1. Entity Name

ABUNDANT PROVISIONS FAMILY LIFE CENTER CHURCH, I  
NC.

Principal Place of Business

Mailing Address

609 TOMLINSON TERR.  
LAKE MARY FL 32746-6374

609 TOMLINSON TERR.  
LAKE MARY FL 32746-6374

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

59-3699601

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVILES, PEDRO D  
609 TOMLINSON TERR.  
LAKE MARY FL 32746-6374

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 PD ☐ Delete  
NAME AVILES, PEDRO D  
STREET ADDRESS 609 TOMLINSON TERR.  
CITY-ST-ZIP LAKE MARY FL 32746-6374

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME AVILES, MIRIAM C  
STREET ADDRESS 609 TOMLINSON TERR.  
CITY-ST-ZIP LAKE MARY FL 32746-6374

TITLE ☒ Change ☐ Addition  
NAME VIDIT  
STREET ADDRESS AVILES, MIRIAM. C  
CITY-ST-ZIP 609 TOMLINSON TERR. LAKE MARY FL 32746-6374

TITLE VD ☒ Delete  
NAME BARROSO, ROBERTO L  
STREET ADDRESS 11725 HATCHER CIR.  
CITY-ST-ZIP ORLANDO FL 32824-8787

TITLE ☐ Change ☒ Addition  
NAME S/D  
STREET ADDRESS MARTHA M. ALEXANDER  
CITY-ST-ZIP 6204 CHASTAIN DR. NE ATLANTA, GA 30342

TITLE D ☒ Delete  
NAME BARROSO, MIREYA  
STREET ADDRESS 11725 HATCHER CIR.  
CITY-ST-ZIP ORLANDO FL 32824-8787

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS LYDELL S. ALEXANDER  
CITY-ST-ZIP 6204 CHASTAIN DR. NE ATLANTA, GA 30342

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

PEDRO D. AVILES  
SIGNATURE REQUIRED

P/D

1/11/02

(407) 328-7023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)