2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# N01000000992

Entity Name: ABUNDANT PROVISIONS FAMILY LIFE CENTER CHURCH, INC.

Current Principal Place of Business:

609 TOMLINSON TERR.
LAKE MARY, FL 327466374

New Principal Place of Business:

Current Mailing Address:

609 TOMLINSON TERR.
LAKE MARY, FL 327466374

New Mailing Address:

FEI Number: 59-3699601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVILES, PEDRO D
609 TOMLINSON TERR.
LAKE MARY, FL 327466374

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 ( ) Delete
Name: AVILES, PEDRO D
Address: 609 TOMLINSON TERR.
City-St-Zip: LAKE MARY, FL 327466374

Title: VDT ( ) Delete
Name: AVILES, MIRIAM C
Address: 609 TOMLINSON TERR.
City-St-Zip: LAKE MARY, FL 327466374

Title: SD ( ) Delete
Name: ALEXANDER, MARTHA M
Address: 6204 CHASTAIN DR NE
City-St-Zip: ATLANTA, GA 30342

Title: D ( ) Delete
Name: ALEXANDER, LYDELL S
Address: 6204 CHASTAIN DR NE
City-St-Zip: ATLANTA, GA 30342

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:

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: PEDRO D AVILES PD 04/22/2004

Electronic Signature of Signing Officer or Director — Date