

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001067

FILED
Apr 21, 2009
Secretary of State

Entity Name: ABUNDANT LIFE CHRISTIAN CENTER MINISTRIES INCORPORATED

Current Principal Place of Business:

5378 ROYAL PALM AVENUE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

5378 ROYAL PALM AVENUE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 65-1078910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUMPKIN, KELVIN L
5378 ROYAL PALM AVENUE
SARASOTA, FL 34234 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: P () Delete
Name: LUMPKIN, KELVIN L
Address: 35378 ROYAL PALM AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: BACON, EULA T
Address: 1547 30TH ST.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: LUMPKIN, DELORES
Address: 3703 PRUDENCE DR
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: SIDNEY, DOUGLAS
Address: 2515 24TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: WHEATLAND, JUDY
Address: 27133 PARANTIS DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: BATTIE, HENREY
Address: 1825 EDGEWATER DRIVE
City-St-Zip: SARASOTA, FL 34234

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
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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 exemption stated in Chapter 119, 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: EULA T. BACON

S

04/21/2009

Electronic Signature of Signing Officer or Director

Date