

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90157 026 ****70.00

DOCUMENT # NO1000005213

1. Entity Name

**ABUNDANT LIFE FELLOWSHIP PENTECOSTAL HOLINESS CH
 URCH, INC.**

Principal Place of Business

Mailing Address

**1507 COUNTY ROAD 3
 BARBERVILLE FL 32105**

**POST OFFICE BOX 125
 BARBERVILLE FL 32105**

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

59-2247398

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

**ROLAND, JESSE
 1507 COUNTY ROAD 3
 BARBERVILLE FL 32105**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Jesse Roland**
 CITY-ST-ZIP **1507 County Road 3
 Barberville, FL 32105**

TITLE ☐ Change ☒ Addition
 NAME **V-President**
 STREET ADDRESS **Dank Harrison**
 CITY-ST-ZIP **5433 North Highway 17
 DeLeon Springs, FL 32130**

TITLE ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **Donald Longnecker**
 CITY-ST-ZIP **185 Dickey Lane
 Barberville, FL 32105**

TITLE ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **Doris Giddens**
 CITY-ST-ZIP **241 Santiago Avenue
 DeLeon Springs, FL 32130**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Gladys Clifton**
 CITY-ST-ZIP **1200 Buckles Road
 Barberville, FL 32105**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Eunice Turner**
 CITY-ST-ZIP **1200 Buckles Road
 Barberville FL 32105**

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: Rev. Jesse M. Roland, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02 386-749-4125

Date

Daytime Phone #

CR2E037 (9/01)