

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90050 048 \*\*\*\*70.00

**DOCUMENT # N01000005213**

1. Entity Name  
**ABUNDANT LIFE FELLOWSHIP PENTECOSTAL  
HOLINESS CHURCH, INC.**



Principal Place of Business  
**1507 COUNTY ROAD 3  
BARBERVILLE, FL 32105**

Mailing Address  
**POST OFFICE BOX 125  
BARBERVILLE, FL 32105**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2247398**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. 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

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **ROLAND, JESSE**  
CITY-ST-ZIP **1501 COUNTY ROAD 3  
BARBERVILLE, FL 32105**

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **HOOD, GENE**  
CITY-ST-ZIP **2790 GRAYSON STREET  
ORANGE CITY, FL 32763**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **HARRISON, DANK**  
CITY-ST-ZIP **5433 NORTH HIGHWAY 17  
DE LEON SPRINGS, FL 32130**

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **BRANTON, ROBERT**  
CITY-ST-ZIP **4600 FAIRPORT AVENUE  
DELEON SPRINGS, FL 32130**

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **LONGNECKER, DONALD**  
CITY-ST-ZIP **1485 DICKEY LANE  
BARBERVILLE, FL 32105**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GIDDENS, DORIS**  
CITY-ST-ZIP **241 SANTIAGO AVE  
DE LEON SPRINGS, FL 32130**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **CLIFTON, GLADYS**  
CITY-ST-ZIP **1200 BUCKLES ROAD  
BARBERVILLE, FL 32105**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **TURNER, EUNICE**  
CITY-ST-ZIP **1200 BUCKLES ROAD  
BARBERVILLE, FL 32105**

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:** *Jesse M. Roland* **Jesse M. Roland** **3-14-04** **386-749-4125**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #