


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005213</b> 1. Entity Name ABUNDANT LIFE FELLOWSHIP PENTECOSTAL HOLINESS CHURCH, INC.	
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Principal Place of Business 1507 COUNTY ROAD 3 BARBERVILLE, FL 32105	Mailing Address POST OFFICE BOX 125 BARBERVILLE, FL 32105
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02132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2247398	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ROLAND, JESSE 1507 COUNTY ROAD 3 BARBERVILLE, FL 32105
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	<small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-electing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLAND, JESSE 1501 COUNTY ROAD 3 BARBERVILLE, FL 32105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRISON, DANK 5433 NORTH HIGHWAY 17 DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOD, GENE 2790 GRAYSON STREET ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIDDENS, DORIS 241 SANTIAGO AVE DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLIFTON, GLADYS 1200 BUCKLES ROAD BARBERVILLE, FL 32105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, EUNICE 1200 BUCKLES ROAD BARBERVILLE, FL 32105

U00000231913 02/16/05-80051-017 70.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>Jesse M Roland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2-13-05 <small>Date</small>	Daytime Phone: 386-749-4125 <small>Daytime Phone</small>
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