

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005213

FILED
Apr 04, 2009
Secretary of State

Entity Name: ABUNDANT LIFE FELLOWSHIP PENTECOSTAL HOLINESS CHURCH, INC.

Current Principal Place of Business:

1507 COUNTY ROAD 3
BARBERVILLE, FL 32105

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 125
BARBERVILLE, FL 32105

New Mailing Address:

FEI Number: 59-2247398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLAND, JESSE
1507 COUNTY ROAD 3
BARBERVILLE, FL 32105 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: ROLAND, JESSE
Address: 1501 COUNTY ROAD 3
City-St-Zip: BARBERVILLE, FL 32105

Title: T () Delete
Name: HIGGINS, BRUCE
Address: P O BOX 507
City-St-Zip: ASTOR, FL 32102

Title: T () Delete
Name: COWART, BOBBY
Address: 1094 W PARKWAY
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: GIDDENS, DORIS
Address: 241 SANTIAGO AVE
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: T () Delete
Name: CLIFTON, GLADYS
Address: 1200 BUCKLES ROAD
City-St-Zip: BARBERVILLE, FL 32105

Title: S () Delete
Name: TURNER, EUNICE
Address: 1200 BUCKLES ROAD
City-St-Zip: BARBERVILLE, FL 32105

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:

Title: T (X) Change () Addition
Name: REEDY, GARY
Address: PO BOX 780
City-St-Zip: ASTOR, FL 32102

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: EUNICE TURNER

SEC

04/04/2009

Electronic Signature of Signing Officer or Director

Date