

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90487 013 \*\*\*\*70.00

**DOCUMENT # N01000005213**



**1. Entity Name**  
**ABUNDANT LIFE FELLOWSHIP PENTECOSTAL HOLINESS CH**  
**URCH, 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.

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

**FILE NOW: FEE IS \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROLAND, JESSE</b> <b>1501 COUNTY ROAD 3</b> <b>BARBERVILLE FL 32105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARRISON, DANK</b> <b>5433 NORTH HIGHWAY 17</b> <b>DE LEON SPRINGS FL 32130</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LONGNECKER, DONALD</b> <b>1485 DICKEY LANE</b> <b>BARBERVILLE FL 32105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GIDDENS, DORIS</b> <b>241 SANTIAGO AVE</b> <b>DE LEON SPRINGS FL 32130</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLIFTON, GLADYS</b> <b>1200 BUCKLES ROAD</b> <b>BARBERVILLE FL 32105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TURNER, EUNICE</b> <b>1200 BUCKLES ROAD</b> <b>BARBERVILLE FL 32105</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 empowers.**

**SIGNATURE:**

*Reigning Required*

4-23-03 306-749-4125

CR2E037 (10/02)