2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-02-2002 90140 033 ****70.00

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1. Entity Name

ABUNDANT LOVE PROPHETIC MINISTRIES INC.

Principal Place of Business	Mailing Address
5031 SPRINGWOOD DRIVE TAMPA FL 33624	5031 SPRINGWOOD DRIVE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
33145 Lake Mabry Hwy.	3321 Cheriot Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL 33624	Tampa, FL.
City & State	City & State
Zip / Country	Zip / Country
Hillsborough	33618 Hillsborough

59-3742288 ☐ 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
ROBINSON, CAROLYN 5031 SPRINGWOOD DRIVE TAMPA FL 33624	Name: Robinson, Carolyn Street Address (P.O. Box Number is Not Acceptable): 3321 Cheriot Dr. City: Tampa, FL. FL Zip Code: 33618

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Minister Eduardo Delgado D 5032 Springwood Dr. Tampa, FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Secretary Mary Delgado 5032 Springwood Dr. Tampa, FL. 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Minister	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Deacon David Prince III Apt.#235 3910 Hunt Rd.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tampa, FL. 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02 Date

813 918-3156 Daytime Phone #