

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006989

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: ABUNDANT LIFE OF NAPLES, INC.

## Current Principal Place of Business:

880 GRAND RAPIDS BLVD  
NAPLES, FL 34120

## New Principal Place of Business:

## Current Mailing Address:

880 GRAND RAPIDS BLVD  
NAPLES, FL 34120

## New Mailing Address:

FEI Number: 65-1146419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOTO, STEVEN  
880 GRAND RAPIDS BLVD  
NAPLES, FL 34120 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: SOTO, STEVEN  
Address: 880 GRAND RAPIDS BLVD  
City-St-Zip: NAPLES, FL 34120

Title: P ( ) Delete  
Name: GRAVES, GLENN  
Address: 12656 66 ST NORTH  
City-St-Zip: WPB, FL 33412

Title: D ( ) Delete  
Name: WOODSON, BRIAN  
Address: 2621 RIVERSIDE DRIVE #5  
City-St-Zip: CORAL SPRINGS, FL 33063

Title: D ( ) Delete  
Name: SCAVONE, AL  
Address: 10140 NW 37 ST  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete  
Name: DIBBUCCI, TOM  
Address: 10965 LAREINA RD  
City-St-Zip: DELRAY BCH, FL 33446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SOTO, MAUREEN  
Address: 880 GRAND RAPIDS BLVD  
City-St-Zip: NAPLES, FL 34120

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN SOTO

PRES

04/07/2005

Electronic Signature of Signing Officer or Director

Date