2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01000006989

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

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

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

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 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: STEVEN SOTO PRES 03/23/2009

Electronic Signature of Signing Officer or Director — Date