

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000025

FILED
Apr 20, 2007
Secretary of State

Entity Name: ABUNDANT LIFE MINISTRIES - HOPE HOUSE, INCORPORATED

Current Principal Place of Business:

53 BERKSHIRE LANE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 354925
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3757611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUBBS, CYRIL
44 WOODBORN LN
PALM COAST, FL 32164 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: S () Delete
Name: BALL, CAROL
Address: 30 BEACHWAY DR
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BRIAN, ROTHWELL
Address: 1320 RUTHBERN RD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: JEFFERIES, MARK
Address: 1038 POCATELLO CT
City-St-Zip: PORT ORANGE, FL 32129

Title: D (X) Delete
Name: JACKSON, DERRIC G
Address: 13 POTTERVILLE LANE
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: STUBBS, CYRIL R SR.
Address: 44 WOODBORN LN
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: STEPHENS, LARRY
Address: P.O. BOX 10971
City-St-Zip: DAYTONA BEACH, FL 32120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PACHECO, GEORGE
Address: 11 ZOLLINGER PL
City-St-Zip: PALM COAST, FL 32164

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

Title: () Change () Addition
Name:
Address:
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Name:
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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 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: CYRIL STUBBS SR,

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date