## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001608

Entity Name: ABUNDANT LIFE PRIVATE SCHOOL, INC.

FILED Apr 01, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12328 104 AVENUE N. <UNUSED>

LARGO, FL 33778 LARGO, FL 33778

**Current Mailing Address: New Mailing Address:** 

PO BOX 7425

SEMINOLE, FL 337757425

FEI Number: 03-0417836 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MULLER, LORRAINE A MULLER, LORRAINE A 2287 DUNCAN DRIVE 3017 CHÁROLAIS COURT

BELLEAIR BLUFFS, FL 33770 TARPON SPRINGS, FL 34688 US US

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: LORRAINE MULLER 04/01/2004

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MULLER, STEVYN R MULLER, STEVYN R Name: Name:

2287 DUNCAN DRIVE Address: 3017 CHAROLAIS COURT Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD () Delete Title: () Change () Addition

Name: WOLF, WILLIAM J Name: Address: 12328 104TH AVENUE N. Address: City-St-Zip: LARGO, FL 33778 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

MULLER, LORRAINE A Name: MULLER, LORRAINE A Name: 2287 DUNCAN DRIVE 3017 CHAROLAIS COURT Address: Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: TARPON SPRINGS, FL 34688

( ) Delete Title: SD Title: () Change () Addition

Name: WOLF, GAIL Name: Address: 12328 104TH AVENUE N. Address: City-St-Zip: LARGO, FL 33778 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: LORRAINE MULLER TD 04/01/2004