

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001608

FILED
Apr 20, 2005
Secretary of State

Entity Name: ABUNDANT LIFE PRIVATE SCHOOL, INC.

Current Principal Place of Business:

<UNUSED>
LARGO, FL 33778

New Principal Place of Business:

12328 104TH AVENUE N.
LARGO, FL 33778

Current Mailing Address:

PO BOX 7425
SEMINOLE, FL 337757425

New Mailing Address:

PO BOX 7425
SEMINOLE, FL 33775

FEI Number: 03-0417836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MULLER, LORRAINE A
3017 CHAROLAIS COURT
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

WOLF, WILLIAM J
12328 104TH AVENUE N.
LARGO, FL 33778 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: WILLIAM J. WOLF

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLER, STEVYN R
Address: 3017 CHAROLAIS COURT
City-St-Zip: TARPON SPRINGS, FL 34688

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

Title: TD () Delete
Name: MULLER, LORRAINE A
Address: 3017 CHAROLAIS COURT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SD () Delete
Name: WOLF, GAIL
Address: 12328 104TH AVENUE N.
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KAZAR, JENNIFER
Address: 8767 BRIDLEWOOD WAY N.
City-St-Zip: SEMINOLE, FL 33777

Title: PD (X) Change () Addition
Name: WOLF, WILLIAM J
Address: 12328 104TH AVENUE N.
City-St-Zip: LARGO, FL 33778

Title: TD (X) Change () Addition
Name: BAUER, DIANA
Address: 1130 11TH AVENUE N.
City-St-Zip: ST PETERSBURG, FL 33705

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: WILLIAM J. WOLF

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date