

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N02000001608

1. Entity Name

ABUNDANT LIFE PRIVATE SCHOOL, INC.



Principal Place of Business

12328 104TH AVENUE N.
LARGO FL 33778

Mailing Address

PO BOX 7425
SEMINOLE FL 33775



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

03-0417836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature is required when re-appointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME KAZAR, JENNIFER
STREET ADDRESS 8767 BRIDLEWOOD WAY N.
CITY- ST- ZIP SEMINOLE FL 33777

TITLE PD ☐ Delete
NAME WOLF, WILLIAM J
STREET ADDRESS 12328 104TH AVENUE N.
CITY- ST- ZIP LARGO FL 33778

TITLE TD ☐ Delete
NAME BAUER, DIANA
STREET ADDRESS 1130 11TH AVENUE N.
CITY- ST- ZIP ST PETERSBURG FL 33705

TITLE SD ☐ Delete
NAME WOLF, GAIL
STREET ADDRESS 12328 104TH AVENUE N.
CITY- ST- ZIP LARGO FL 33778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000866431
04/08/08-80028-016 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: