

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001608

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** ABUNDANT LIFE PRIVATE SCHOOL, INC.

**Current Principal Place of Business:**

12328 104TH AVENUE N.  
LARGO, FL 33778

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7425  
SEMINOLE, FL 33775

**New Mailing Address:**

**FEI Number:** 03-0417836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLF, WILLIAM J  
12328 104TH AVENUE N.  
LARGO, FL 33778 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: VD ( ) Delete  
Name: KAZAR, JENNIFER  
Address: 8767 BRIDLEWOOD WAY N.  
City-St-Zip: SEMINOLE, FL 33777

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

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

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

**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:

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: WILLIAM J. WOLF

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date