2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003036

FILED Apr 30, 2006 Secretary of State

Entity Name: ABUNDANT LIFE C.O.G.I.C. INC.

Current Principal Place of Business: New Principal Place of Business: 5944 TERRY PARKER DRIVE NORTH JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** 5944 TERRY PARKER DRIVE NORTH JACKSONVILLE, FL 32211 FEI Number: 42-1706414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOSTER, VERNON B 5944 TERRY PARKER DRIVE N. JACKSONVILLE, FL 32211 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FOSTER, VERNON B Name: Name: 5944 TERRY PARKER DR. N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, JOSEPH Name: Address: 41 ADERHOLD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: () Change () Addition FOSTER, LINDA M Name: Name: 5944 TERRY PARKER DR. N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MANNING, JANET Name: 2020 SAMONTEE Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: () Change () Addition BROWN, DEBORH Name: Name: 1737 ACADEMY Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 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: VERNON B. FOSTER CEO 04/30/2006