

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003036

FILED
Apr 30, 2003
Secretary of State

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

Current Principal Place of Business:

5944 TERRY PARKER DRIVE NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

5944 TERRY PARKER DRIVE NORTH
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 42-1706414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, VERNON B
5944 TERRY PARKER DRIVE N.
JACKSONVILLE, FL 32211 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: P () Delete
Name: FOSTER, VERNON B
Address: 5944 TERRY PARKER DR. N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: V () Delete
Name: WILLIAMS, JOSEPH
Address: 41 ADERHOLD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: FOSTER, LINDA M
Address: 5944 TERRY PARKER DR. N.
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: MANNING, JANET
Address: 2020 SAMONTEE
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Change (X) Addition
Name: MALLARD, MAURICE
Address: 3465 UPHILL TERRANCE
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Change (X) Addition
Name: BROWN, DEBORH
Address: 1737 ACADEMY
City-St-Zip: JACKSONVILLE, FL 32209

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: VERNON B. FOSTER

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date