2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006164

City-St-Zip:

JACKSONVILLE, FL 32207

Entity Name: ABUNDANT LIFE IN CHRIST INC

FILED Apr 28, 2009 Secretary of State

		avi Eli E il Crittor, il C.			
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	RTNEY DRIVE IVILLE, FL 32:				
Current Mailing Address:			New Mailing Address:		
2217COURTNEY DRIVE JACKSONVILLE, FL 32208			2217COURTNEY DRIVE JACKSONVILLE, FL 32205		
FEI Number	: 03-0475857	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2217COU	MARCELSF RTNEY DRIVE WILLE, FL 32:				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CEOF (GEORGE, MAI 2217COURTNI JACKSONVILL	EY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (GEORGE, DOI 2217COURTNI JACKSONVILL	EY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GEPRGE, MAT 2570 VERNON JACKSONVILL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BONNER, JAK	I EARL RD., #21	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (PICKNEY, MAI		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MARCEL S. GEORGE CEO 04/28/2009