

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 31, 2012
Secretary of State**

DOCUMENT# N02000006387

Entity Name: ABUNDANT LIFE DELIVERANCE MINISTRIES IN JESUS CHRIST INC.**Current Principal Place of Business:**3605 LEWIS SPEEDWAY
ST. AUGUSTINE, FL 32084 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 1137
ST AUGUSTINE, FL 32085 US**New Mailing Address:**

FEI Number: 03-0478709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MCBURNETT, SAMUEL BISHOP
40 SMITH ST
ST. AUGUSTINE, FL 32085 US**Name and Address of New Registered Agent:**DR. ANDREW, SAKALA C BISHOP
40 SMITH ST
ST. AUGUSTINE, FL 32085 US

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: DR. ANDREW CHIKUWE SAKALA

05/31/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VICE
Name: DR. DEDREX, WILSON D VEEP
Address: 623 BEACH WOOD STREET
City-St-Zip: JACKSONVILLE, FL 32206 USTitle: DIRE
Name: DR. RALPH, OJOH
Address: 1200 WEST LOOP SOUTH DRIVE
City-St-Zip: HOUSTON, TX 77027 USTitle: D
Name: DR. NANA, OULARE L
Address: 305 OVER LOOK
City-St-Zip: PARK LANE LAWRENCEVILLE, GA 30043 USTitle: D
Name: ATTORNEY MEKA, ODUNZE MBA CPA
Address: 6001 SAVOY DRIVE
City-St-Zip: HOUSTON, TX 77036 USTitle: D
Name: ATTORNEY, ERICK
Address: 1085 WEST 15TH STREET
City-St-Zip: ST AUGUSTINE, FL 32084Title: D
Name: SON IMMANUEL, SAKALA
Address: 40 SMITH
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: DR. ANDREW CHIKUWE SAKALA

PRES

05/31/2012

Electronic Signature of Signing Officer or Director

Date