2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007771

FILED Apr 29, 2004 Secretary of State

Entity Name: ABUNDANT LIFE CHRISTIAN MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business: 615 CEDAR BEND CIRCLE 101 ORLANDO, FL 32825 **New Mailing Address: Current Mailing Address:** 615 CEDAR BEND CIRCLE ORLANDO, FL 32825 US FEI Number: 41-2064069 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: JOHNSON, JOHN A 304 SOUTH ROSSITER ST MOUNT DORA, FL 32757 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROGSON, DARREL ROSSOUW, DANIEL Name: Name: 615 CEDAR BEND DR., #101 Address: 2665 E HAYES STREET Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: INVERNESS, FL 34453 Title: SD () Delete Title: () Change () Addition JOHNSON, ANDREW Name: Name: Address: 304 S ROSSIDEN Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: () Delete Title: (X) Change () Addition BELINDA, BELINDA Name: ROSSOUW, BELINDA Name: 815 CEDAR BEND CR., #101 Address: Address: 2665 E HAYES STREET City-St-Zip: ORLANDO, FL 32825 City-St-Zip: INVERNESS, FL 34453 Title: () Delete Title: () Change () Addition Name: JOHNSON, DEE Name: Address: 304 S ROSSITOR ST Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip:

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: DANIEL ROSSOUW PC 04/29/2004