

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90163 043 ****61.25

DOCUMENT # N02000008916

1. Entity Name
ABUNDANT LIFE RETREAT CENTER, INC.



Principal Place of Business
321 DATURA STREET
WEST PALM BEACH FL 33401

Mailing Address
321 DATURA STREET
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1988075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BENTON, CHARLES J SR
2201 SE INDIAN STREET
UNIT A-1
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank Gabaldon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GABALDON, FRANCES**
STREET ADDRESS **321 DATURA STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D,T** ☐ Delete
NAME **ROMANOSKI, PEGGY LCSW**
STREET ADDRESS **6800 SURREY COURT SOUTH**
CITY-ST-ZIP **LAS VEGAS NV 89119-463**

TITLE **D,S** ☐ Delete
NAME **FERESTEN, ERIKA M.A.**
STREET ADDRESS **1485 NORTH DOHENY DRIVE**
CITY-ST-ZIP **LOS ANGELES CA 90069**

TITLE **D** ☐ Delete
NAME **BAIRD, PATRICIA M.ED**
STREET ADDRESS **110 5TH AVENUE**
CITY-ST-ZIP **LABELLE FL 33735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

5/1/03

561-833-6775

CR2E037 (10/02)