



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 12 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004919					
1. Entity Name ABUNDANT HARVEST INTERNATIONAL FELLOWSHIP MINISTRIES, INC.					
Principal Place of Business 3401 PIONEER ROAD ORLANDO, FL 32808			Mailing Address PO BOX 585146 ORLANDO, FL 32858-5146		
2. Principal Place of Business 3164 PELL MELL DR.		3. Mailing Address Suite, Apt. #, etc. <i>SAMIE</i>			
City & State Orlando FL.		City & State		06122006 Chg-NP CR2E037 (4/06)	
Zip 32818		Country US		4. FEI Number 03-0521674	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MINGLEDORFF, BERNARD 8419 VERMANTH ROAD JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name <i>Rowland V. Williams</i> Street Address (P.O. Box Number is Not Acceptable) 1125-1 CESERY BLVD City <i>JAX</i> FL Zip Code <i>32211</i>		
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 <i>Rowland V. Williams</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Rowland V. Williams</i> (NOTE: Registered Agent signature required when reinstating)		06-12-06 DATE	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINGLEDORFF, BERNARD 8419 VERMANTH ROAD JACKSONVILLE, FL 32211 <i>3164 PELL MELL DR. ORLANDO FL. 32818</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINGLEDORFF, VELDA 8419 VERMANTH ROAD JACKSONVILLE, FL 32211 <i>3164 PELL MELL DR. ORLANDO FL. 32818</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGEE, LAVONIA 4764 FIRESIDE DRIVE W JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, SYLVIA 7201 ARLINGTON EXPRESSWAY, #106 JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Bernard A. Minglehoff</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6-12-06 904-744-2439 Date Daytime Phone #		

6/12/06