

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004919

FILED
Apr 30, 2009
Secretary of State

Entity Name: ABUNDANT HARVEST INTERNATIONAL FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

6750 N. ORANGE BLOSSOM TRAIL
B-2
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

PO BOX 585146
ORLANDO, FL 328585146

New Mailing Address:

FEI Number: 03-0521674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINGLED OFF, BERNARD A
6750 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MINGLED OFF, BERNARD
Address: 3164 PELL MELL DR.
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: MINGLED OFF, VELDA
Address: 3164 PELL MELL DR.
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: MAGEE, LAVONIA
Address: 4764 FIRESIDE DRIVE W
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: ADAMS, SYLVIA
Address: 1906 N. POWERS DRIVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: VELDA MINGLED OFF

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date