

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007229

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ABUNDANT HARVEST & WORSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

350 N. SEABOARD ROAD  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

350 N. SEABOARD ROAD  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 30-0199697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, LESLIE  
645 IVES DIARY RD #404  
MIAMI, FL 33179 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: P ( ) Delete  
Name: MILLER, LESLIE  
Address: 645 IVES DIARY RD #404  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: GUMBS, CLEETON  
Address: 4031 NW 201 STREET  
City-St-Zip: MIAMI, FL 33055

Title: S ( ) Delete  
Name: LAFLEUR, JOSEPH  
Address: 455 NW 210 STREET # 104  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LAVAN, DANIEL  
Address: 8126 NW 162ND STREET  
City-St-Zip: MIAMI, FL 33016

Title: VP (X) Change ( ) Addition  
Name: MILLER, LESLIE  
Address: 645 IVES DIARY RD  
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change ( ) Addition  
Name: GUMBS, CLEETON  
Address: 455 NW 210 STREET # 104  
City-St-Zip: MIAMI, FL 33169

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: LESLIE MILLER

VP

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date