

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007965

FILED
Apr 30, 2004
Secretary of State

Entity Name: ABUNDANT LIFE ASSISTED LIVING FACILITY, INCORPORATED

Current Principal Place of Business:

1573 W. 11TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 43624
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 56-2393723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, EUNICE A
1573 W. 11TH STREET
JACKSONVILLE, FL 32209 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: D () Delete
Name: MAGEE, LAVONIA
Address: 4764 FIRESIDE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: GIBBONS, ANDRELL
Address: 741 NE 30TH ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: GIBBONS, JUDITH
Address: 741 NE 30TH ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: POWELL, EDWARD
Address: 304 EVERGREEN AVE
City-St-Zip: BLAKELY, GA 39823

Title: D () Delete
Name: POWELL, LILLIE
Address: 304 EVERGREEN AVE
City-St-Zip: BLAKELY, GA 39823

Title: D () Delete
Name: CUMMINGS, ISEAUTIA
Address: 3135 UNIVERSITY #5
City-St-Zip: JACKSONVILLE, FL 32211

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:

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 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: LAVONIA MAGEE

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date