

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008939

FILED
Jun 28, 2005
Secretary of State

Entity Name: ABUNDANT HARVEST WORSHIP CENTER INC.

Current Principal Place of Business:

5042 18 AVE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

4682 40TH AVE N
ST PETERSBURG, FL 33714

Current Mailing Address:

5042 18 AVE NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

PO BOX 10015
ST PETERSBURG, FL 33733

FEI Number: 68-0570480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGRIFF, MICHAEL M PASTOR
5042 18 AVE NORTH
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

MCGRIFF, MICHAEL M PASTOR
4682 40TH AVE N
ST PETERSBURG, FL 33714 US

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: MICHAEL MACEO MCGRIFF

06/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGRIFF, MICHAEL M
Address: 5042 18 AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: VS () Delete
Name: MCGRIFF, TAMIKA L
Address: 5042 18 AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

Title: T () Delete
Name: HUDSON, REGINAL
Address: 5042 18 AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGRIFF, MICHAEL M
Address: 4682 40TH AVE N
City-St-Zip: ST PETERSBURG, FL 33714

Title: VS (X) Change () Addition
Name: MCGRIFF, TAMIKA L
Address: 4682 40TH AVE N
City-St-Zip: ST PETERSBURG, FL 33714

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: MICHAEL MACEO MCGRIFF

P

06/28/2005

Electronic Signature of Signing Officer or Director

Date