

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90109 007 \*\*\*\*61.25

<b>DOCUMENT # N03000009029</b> 1. Entity Name <b>ABUNDANT LIFE FELLOWSHIP OF LEE COUNTY, INC.</b>					
Principal Place of Business <b>1406 NW 24 PL CAPE CORAL, FL 33993</b>			Mailing Address <b>1406 NW 24 PL CAPE CORAL, FL 33993</b>		
2. Principal Place of Business <b>133 NE PINE ISLAND RD.</b>		3. Mailing Address <b>1406 NW 24<sup>TH</sup> PLACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>90-0118206</b>	
Zip <b>33909</b>		Country <b>LEE</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33993</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TREAT, DAVID W 1406 NW 24 PL CAPE CORAL, FL 33993</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 <u>David W. Treat</u> <b>DAVID W. TREAT</b> <u>1/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TREAT, DAVID W 1406 NW 24TH PLACE CAPE CORAL, FL 33993		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE: DAVID W. TREAT</b> <u>David W. Treat</u> <u>1/12/05</u> <u>(239) 574-6490</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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