


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90015 047 \*\*\*\*61.75

<b>DOCUMENT # N03000010337</b>					
1. Entity Name <b>ABUNDANT LIFE COMMUNITY CHURCH OF OCEANWAY, INC.</b>					
Principal Place of Business <b>15225 N. MAIN STREET JACKSONVILLE, FL 32218</b>			Mailing Address <b>15225 N. MAIN STREET JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0465796</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>EASON, JOHNNY S 15225 N. MAIN STREET JACKSONVILLE, FL 32218</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<input type="checkbox"/>			E. DEAN TURNER <input type="checkbox"/> <input checked="" type="checkbox"/> 37 KIRK RD. JAX, FL 32218		
<input type="checkbox"/>			JOHNNY T. WILDS <input type="checkbox"/> <input checked="" type="checkbox"/> 13601 MAJESTIC CT. JAX, FL 32218		
<input type="checkbox"/>			ROBERT COMPANION <input type="checkbox"/> <input checked="" type="checkbox"/> 1102 CHESTER RD JULIE, FL 32097		
<input type="checkbox"/>			ANN L. TURNER <input type="checkbox"/> <input type="checkbox"/> 37 KIRK RD. JAX, FL 32218		
<input type="checkbox"/>			SHERRIET. WILDS <input type="checkbox"/> <input type="checkbox"/> 13601 MAJESTIC CT. JAX, FL 32218		
<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <u>Sherrit W. Wilds</u>			Date: <u>3/11/2004</u> 90416968803		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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