

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002832

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** ABUNDANT LIFE WORSHIP CENTER OF OVIEDO, INC.

**Current Principal Place of Business:**

12125 HIGH TECH AVENUE  
ORLANDO, FL 32817

**New Principal Place of Business:**

3441 HOLLOW OAK RUN  
OVIEDO, FL 32766

**Current Mailing Address:**

P. O. BOX 622706  
OVIEDO, FL 32762-270

**New Mailing Address:**

P. O. BOX 622706  
OVIEDO, FL 32762

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

DRAKE, THOMAS S  
3442 HOLLOW OAK RUN  
OVIEDO, FL 32766 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: DRAKE, THOMAS S  
Address: 3441 HOLLOW OAK RUN  
City-St-Zip: OVIEDO, FL 32766

Title: V ( ) Delete  
Name: WRIGHT, ROSE A  
Address: 1005 DISHMAN LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete  
Name: BELL, ANNIE E  
Address: 1118 BRIELLE COURT  
City-St-Zip: OVIEDO, FL 32765

Title: M ( ) Delete  
Name: GREENE, CLIFTON  
Address: 1101 SAND KEY CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**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: M (X) Change ( ) Addition  
Name: WILLIAMS, ADA  
Address: 121-16 MENDEL DRIVE  
City-St-Zip: ORLANDO, FL 32826

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: ANNIE E. BELL

S

04/20/2005

Electronic Signature of Signing Officer or Director

Date