2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2008
Secretary of State

DOCUMENT# N04000002832

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

Current Principal Place of Business:

3441 HOLLOW OAK RUN
OVIEDO, FL 32766

New Principal Place of Business:

Current Mailing Address:

3441 HOLLOW OAK RUN
OVIEDO, FL 32766

New Mailing Address:

FEI Number: 86-1078729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DRAKE, THOMAS S
3441 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 (X) Delete
Name: WILLIAMS, ADA
Address: 121-16 MENDEL DRIVE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: LUNDY, HELEN
Address: 1016 SOLDIERCREEK CT
City-St-Zip: OVIEDO, FL 32765

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 exemption stated in Chapter 119, 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: THOMAS S DRAKE P 03/29/2008

Electronic Signature of Signing Officer or Director — Date