

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006636

FILED
Apr 30, 2007
Secretary of State

Entity Name: ABUNDANT FAITH COMMUNITY CHURCH, INC.

Current Principal Place of Business:

840 VERONICA CIRCLE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

639 SAFEHARBOUR DR
OCOE, FL 34761

New Mailing Address:

P. O. BOX 680722
ORLANDO, FL 32868

FEI Number: 20-1318020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKELL, JOHN
1236 W. SMITH STREET
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HARRELL, JOANN W
6117 INDIAN HILL RD.
ORLANDO, FL 32808 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: JOANN W. HARRELL

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MIKELL, JOHN
Address: 1236 W. SMITH STREET
City-St-Zip: ORLANDO, FL 32804

Title: DS () Delete
Name: BOWES, DAVID
Address: 1107 CLIMBING ROSE DR
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: CAMPBELL, ROSE
Address: 1600 CHATHAM CIRCLE
City-St-Zip: APOPKA, FL 3270

Title: TD () Delete
Name: HARRELL, JOANN
Address: 6117 INDIAN HILL RD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS (X) Change () Addition
Name: HARRELL, JOANN W
Address: 6117 INDIAN HILL RD.
City-St-Zip: ORLANDO, FL 32808

Title: DT (X) Change () Addition
Name: PROVAU, PAULINE W
Address: 5600 MERIDIAN WAY
City-St-Zip: ORLANDO, FL 32808

Title: DT (X) Change () Addition
Name: CAMPBELL, ROSE
Address: 1600 CHATHAM CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: TD (X) Change () Addition
Name: SEWELL, MARK A
Address: 450 W. CHAPELWOOD DR.
City-St-Zip: APOPKA, FL 32712

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: JOANN W. HARRELL

DTS

04/30/2007

Electronic Signature of Signing Officer or Director

Date