

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90109 034 ****61.25

DOCUMENT #	N04000000 7036
1. Entity Name	Abundant Rain Deliverance Center Inc.



DO NOT WRITE IN THIS SPACE

50049367

2. Principal Place of Business	3. Mailing Address
4121 N.E. 15th Street	P.O. Box 5412
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#35	
City & State	City & State
Gainesville, Florida	Gainesville, Florida
Zip	Zip
32609	32627
Country	Country
Alachua	Alachua

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
	41-2116286		Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name		
	Betty J. White-Oliver		
	Street Address (P.O. Box Number is Not Acceptable)		
	4121 N.E. 15th Street		
	#35		
	City	FL	Zip Code
	Gainesville		32609

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 _____

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
President	Betty J. White-Oliver		
STREET ADDRESS	4121 N.E. 15th Street #35	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Florida 32609	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
Vice President	James Oliver Jr		
STREET ADDRESS	3775 50th Street #4	STREET ADDRESS	
CITY-ST-ZIP	San Diego, CA 92105	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
Director	Sherriena B. Hines		
STREET ADDRESS	4006 N.E. 1st Drive APT B	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Florida 32609	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
Director	Patricia Vondembse		
STREET ADDRESS	481 Dino Drive	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, Florida 32086	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

CR2E037B (12/02)

Attachment # N04000007036
50049367

I am writing to ask a question,
I just found out that the certificate
I have - I thought the TAF exempt #
was included. I believe I need to
file. For it, I have to get forms,
this is a new Ministry. & the
persons, that helped me to file my
document did not inform me correctly.
Please accept my Annual Fee Monies.
I promise to file for the exempt #
right away.

Resident Betty J. White - Ohio

352-375-7672

God Bless you!