

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90141 006 ****70.00

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1. Entity Name
ABUNDANT LIFE DELIVERANCE MINISTRIES, INC.



Principal Place of Business
1917 BARCELONA WAY SOUTH
ST. PETERSBURG, FL 33712

Mailing Address
1917 BARCELONA WAY SOUTH
ST. PETERSBURG, FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number

76-0770178

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, KATHLEEN M
1917 BARCELONA WAY SOUTH
ST. PETERSBURG, FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Kathleen M. Williams **VD** ^(R)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



**\$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

TITLE PD ☐ Delete
NAME WILLIAMS, PETE III
STREET ADDRESS 1917 BARCELONA WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE DIRECTOR ☐ Change ☒ Addition
NAME FLOYD, GAIL O.
STREET ADDRESS 5031 16th ST. NO.
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE VD ☐ Delete
NAME WILLIAMS, KATHLEEN M
STREET ADDRESS 1917 BARCELONA WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE TREASURER ☐ Change ☒ Addition
NAME DEGE, MARILYN
STREET ADDRESS 1924 54th TERR. SO. #2
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE D ☒ Delete
NAME JONES, MARY N
STREET ADDRESS 225 37TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE ASST. TREASURER ☐ Change ☒ Addition
NAME WILLIAMS, VERONICA M.
STREET ADDRESS 5730 28th ST. SO. #232
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition
NAME PITTMAN, NEVIS
STREET ADDRESS 777 PINESTON AVE. SO
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASST. SECRETARY ☐ Change ☒ Addition
NAME AIGENS, CHERYL E.
STREET ADDRESS 4678 13th AVE. SO.
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Kathleen M. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

Date

727-867-2804

Daytime Phone #