

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90256 015 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
76-0770178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **S** ☒ Change ☐ Addition
NAME **MESIAS, KERI A**
STREET ADDRESS **1917 BARCELONA WAY SO.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

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

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

TITLE **AT** ☐ Delete
NAME **WILLIAMS, VERONICA M**
STREET ADDRESS **5730 28TH ST S, # 232**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

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

TITLE **S** ☒ Delete
NAME **WILLIAMS, VERONICA**
STREET ADDRESS **5705 75TH TERR.**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

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

TITLE **T** ☐ Delete
NAME **DEGE, MARILYN**
STREET ADDRESS **1924 54TH AVE. SO. #2**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

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

TITLE **D** ☐ Delete
NAME **FLOYD, GAIL O**
STREET ADDRESS **5031 16TH ST, N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33703**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KATHLEEN M. WILLIAMS 4/30/08 (727) 322-1758