

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009843

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** ABUNDANT LIFE DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

2156 BARCELONA WAY SO.  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

8300 BARDMOOR BLVD  
#205  
SEMINOLE, FL 33777

**Current Mailing Address:**

2156 BARCELONA WAY  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

8300 BARDMOOR BLVD  
# 205  
SEMINOLE, FL 33777

**FEI Number:** 76-0770178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, KATHLEEN M  
2156 BARCELONA WAY  
ST. PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

WILLIAMS, KATHLEEN M  
8300 BARDMOOR BLVD  
#205  
ST. PETERSBURG, FL 33712 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: KATHLEEN M. WILLIAMS

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, DUWAYNE K SR.  
Address: 1924 54TH AVE SO. #2  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VD  
Name: WILLIAMS, KATHLEEN M  
Address: 8300 BARDMOOR BLVD # 205  
City-St-Zip: SEMINOLE, FL 33777

Title: S  
Name: BRYANT, CYNTHIA O  
Address: 2939 46TH AVE SO  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: S  
Name: WILLIAMS, VERONICA  
Address: 5705 75TH TERR.  
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: T  
Name: DEGE, MARILYN  
Address: 1924 54TH AVE. SO. #2  
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: D  
Name: ATWATER, KEITH  
Address: 8300 BARDMOOR BLVD #205  
City-St-Zip: SEMINOLE, FL 33777 US

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN M. WILLIAMS

VD

04/27/2011

Electronic Signature of Signing Officer or Director

Date