


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90006 019 ****70.00

DOCUMENT # N04000010099 1. Entity Name ABUNDANT MISSION BAPTIST CHURCH, INC. <i>ABUNDANT Mission Church International, LLC</i>					
Principal Place of Business 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445 US		Mailing Address P.O. BOX 8445 DELRAY BEACH, FL 33484 US			
2. Principal Place of Business 104 North West 5th Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8445 Suite, Apt. #, etc.			
City & State Delray Beach		City & State Delray Beach		4. FEI Number 11-3731993	
Zip 33445		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEAN-PHILIPPE, RIKEM 1600 SOUTH DIXIE HIGHWAY SUITE D LAKE WORTH, FL 33462				7. Name and Address of New Registered Agent Name Same 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, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 07-25-2006	
Filing Fee is \$61.25 Due by September 6, 2006		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete JEAN-PHILIPPE, RIKEM 1600 SOUTH DIXIE HIGHWAY SUITE D LAKE WORTH, FL 33462	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete MONARGENT, MARIE L 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input checked="" type="checkbox"/> Delete RENECIQUE, MYRIANE 711 EAST CHATELAINE BOULEVARD DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Renelique, Miriam 711 E. Chateleine Blvd. Delray B., 33445		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete JEAN-BAPTISTE, JUDITH 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 07-25-06 Daytime Phone #	