

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010243

FILED  
May 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6749 PEMBROKE ROAD  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245296  
PEMBROKE PINES, FL 330240104

**New Mailing Address:**

**FEI Number:** 20-1833634      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WIMBERLY, ROBERT J  
7829 SHALIMAR STREET  
MIRAMAR, FL 33023 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WIMBERLY, ROBERT J  
Address: 7829 SHALIMAR ST  
City-St-Zip: MIRAMAR, FL 33023

Title: V ( ) Delete  
Name: WIMBERLY, GRACE M  
Address: 7829 SHALIMAR ST  
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete  
Name: TAYLOR, MARSHALL  
Address: 7712 ALHAMBRA BLVD  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT J. WIMBERLY

P

05/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date