## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002900

Title:

Name:

Address:

City-St-Zip:

FILED Apr 03, 2009 Secretary of State

Entity Name: ABUNDANT LIFE CHRISTIAN LEARNING CENTER, INC.

**New Principal Place of Business: Current Principal Place of Business:** 777 NW 85TH STREET MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 777 NW 85TH STREET MIAMI, FL 33150 FEI Number: 86-1132637 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUKE, KENNETH A 777 NW 85TH STREET MIAMI, FL 33150 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Change () Addition () Delete DUKE, KENNETH A Name: Name: Address: 777 NW 85TH STREET Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: Title: СН (X) Change ( ) Addition ( ) Delete Name: LOWERY, JOHNNIE Name: LOWERY, JOHNNIE Address: 1351 NW 134TH STREET Address: 1351 NW 134TH STREET City-St-Zip: MIAMI, FL 33167 City-St-Zip: MIAMI, FL 33167 Title: () Delete Title: (X) Change ( ) Addition DAWKINS, DEBRA DAWKINS, DEBRA Name: Name: 1840 NW 49TH STREET 1840 NW 49TH STREET Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: MIAMI, FL 33142

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SABRINA BOUIE OD 04/03/2009

( ) Delete

WITHERS, ESTHER

MIRAMAR, FL 33023

2360 SE 67 WAY

(X) Change ( ) Addition

CARROLL, JESSICA

MIAMI, FL 33056

18821 NW 19TH AVENUE