## FILED Sep 05, 2006 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # N05000005940	

PRICE OF DISCUSSION AND PROCESS OF THE ACCOUNT OF THE PROPOSE OF CHARGE STATE CLUB DY SURE ACCUSED TO SURE ACC	1. Entity Nam	POS ABUNDANCE MINISTR		SHEAT EN		09	9-05-2006 90024 00	J3 ****62. <sup>1</sup>	00
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RINEHART, A LORI 1916 HIGH/VIEW OR PALM HARBOR, FL 34683  8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of perglister by agent.  SIGNATURE:    Filing Fee is \$61.25		Country	34677	Pinc	las			\$8.75 Add	fitional
RINEHART. A LORI 1916 High-VIEW DR PALM HARBOR, FL 34683    Stropt Appless (2 Do Number)   Number (2 Numbe			Registered Agent	7.0	1 1 2	7. Name and Add	iress of New Registered	Agent	
PALM HARBOR, FL 34683    PALM HARBOR   FL 35848 3   PALM HARBOR   FL 35848 3	RINEHAR	T. A LORI	· ·		Vame	A RIN	ehart		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Jegistered agent.    Signature   Signature agent and objective agent and the accidation.   Chotte Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Jegistered agent.   Signature agent and objective agent agent and objective agent agent and objective agent agent and objective agent agent agent agent and objective agent a	1916 HI <del>G</del>	IVIEW DR		7	Street Address (	P. G. Box Number is P. G. H. V.	Not Acceptable		
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 Jegistered agent and other acceptance.    Signature   State   Stat				Z	ا المالية	1140730	ю FI	Zip Cod	<sup>6</sup> 87
Storature, hydracks connect name of Registerical Agent and site of applications.   NOTE: Registerion Agent signature in recovered when reco	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered (			•	270	and accept
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Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   D									
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIR  D BECKER, KIM M 715 16TH AVE NW #5 CLEARWATER, FL 33756  D ROSE, KENNETH D 201 S HIGHLAND AVE CLEARWATER, FL 33755  D DAVIS, EARLENE 9299 W ATLANTIC BLVD #1025 CORAL SPRINGS, FL 33071  D DINDA, LOTTIE 1482 S JEFFERSON AVE	9. Election Can Trust Fund C  ECTORS  Delete  Delete  Delete  Delete  Delete	INDAIGN FINA  ITTLE  NAME  STREET A  CITY-ST-  TITLE  NAME  STREET A	DORESS 211 DORESS 211 DORESS 211 DORESS 211 DORESS 212 DORESS 212 DORESS 148 DORESS 148 DORESS 148 DORESS 148 DORESS 179 DORESS 179 DORESS 179	\$5.00 May Be Added to Fees SIDENTIONS/CHANGE SIDENTIONS/CHANGE SIDENTIAN EAST LANGE E-President L LEAST LANGE ASMAT, COBS. OF E. DEL AFTON, U	Make cher Florida Department of the Club Department of the Club Department of the Club Department of the Club of t	TITMENT OF SI  Change  Change  Change  Change  Change	Addition Addition Addition Addition

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.