

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90410 025 \*\*\*\*70.00

**DOCUMENT # N05000006000**

1. Entity Name  
**ABUNDANT LIFE GIVING MINISTRY INC.**



Principal Place of Business  
**804 E. BROAD STREET  
TAMPA, FL 33604 US**

Mailing Address  
**804 E. BROAD STREET  
TAMPA, FL 33604 US**

**30012702**



2. Principal Place of Business

**804 E. BROAD STREET**  
Suite, Apt. #, etc.

3. Mailing Address

**804 E. BROAD STREET**  
Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

City & State

**TAMPA, FL**  
Zip **33604** Country **US**

City & State

**TAMPA, FL**  
Zip **33604** Country **US**

4. FEI Number

**56-2538119**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, GWENDOLYN  
7152 WRENWOOD CIRCLE  
TAMPA, FL 33674**

7. Name and Address of New Registered Agent

Name **GAILYNN WELLS**

Street Address (P.O. Box Number is Not Acceptable)

**2437 PULASKI AVE**

City **OLLANDO**

**FL**

Zip Code **32818**

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 registered agent.

SIGNATURE

*Daryl Wells*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

**3/28/06**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Make check payable to:  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LEVELL, CYNTHIA**  
STREET ADDRESS **1609 VISTOSA LANE**  
CITY-ST-ZIP **RUSKIN, FL 33573**

TITLE **SECY** ☐ Delete  
NAME **WILLIAMS, SHABRINA**  
STREET ADDRESS **708 E. BROAD STREET**  
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE **TRES** ☐ Delete  
NAME **WELLS, GAILYNN**  
STREET ADDRESS **415 FAIRBURN RD #513**  
CITY-ST-ZIP **ATLANTA, GA 30331**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BOARD MEMBER** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT / FOUNDER** ☐ Change ☒ Addition  
NAME **PETERSON, GERALDINE**  
STREET ADDRESS **804 E. BROAD ST.**  
CITY-ST-ZIP **TAMPA, FLA 33604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Geraldine Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/06**

Date

Daytime Phone #