

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 050 ****70.00

DOCUMENT # N05000009691 1. Entity Name ABUNDANT LIFE CHRISTIAN CENTER INTERNATIONAL, INC.			
Principal Place of Business 2465 FAIRVIEW ROAD SPRING HILL, FL 34609		Mailing Address PO BOX 15369 SPRING HILL, FL 34604 <i>delete</i>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2977 Commercial Suite, Apt. #, etc. <i>Way</i> City & State <i>Spring Hill, FL</i> Zip <i>34606</i> Country <i>Hernando</i>	
4. FEI Number 57-1225597		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent TORRES, ALEXANDER 2465 FAIRVIEW ROAD SPRING HILL, FL 34609	
7. Name and Address of New Registered Agent Name 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Alexander Torres Perez</i> <i>7/14/08</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, ALEXANDER FOUNDER 2465 FAIRVIEW ROAD SPRING HILL, FL 34609	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, MARTHA CO-FOUN 2465 FAIRVIEW ROAD SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBRON, ANTONIO SR. 7318 SCORE STREET BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, FRANCISCO 13208 ANTELOPE AVE. SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLE, YVONNE 11112 HEATHWOOD AVENUE SPRING HILL, FL 34608	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVARADO, CARMEN E 13208 ANTELOPE AVE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete	S Julie Rodriguez 4071 Lemaor Spring Hill, FL 34609 <input type="checkbox"/> Change <input checked="" 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>Alexander Torres</i> <i>7/14/08</i> <i>352-688-7122</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			