

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000772

FILED
Apr 01, 2008
Secretary of State

Entity Name: OVERFLOWING ABUNDANCE CENTER, INC.

Current Principal Place of Business:

1514 FALKLAND RD. EAST
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1514 FALKLAND RD. EAST
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 76-0814931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABUNDANCE OF CHRIST MINISTRY, CORP.
400 CAHOON RD. S.
JACKSONVILLE, FL 32220 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: CD () Delete
Name: BROOKS, VERONICA M
Address: 1514 FALKLAND ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32221

Title: VCD () Delete
Name: SIMMONS, ROSA L
Address: 4285 JILLIAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: MCKIBBEN, KATRINA N
Address: 1630 LINARES WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD (X) Delete
Name: JONES, KIMBERLY A
Address: 3030 HICKORY GLEN DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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:

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: VERONICA M BROOKS

CD

04/01/2008

Electronic Signature of Signing Officer or Director

Date