

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000930

FILED
Feb 13, 2008
Secretary of State

Entity Name: ABUNDANT LIFE TABERNACLE, INC.

Current Principal Place of Business:

18110 EMERALD BAY ST
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18110 EMERALD BAY ST
TAMPA, FL 33647

New Mailing Address:

FEI Number: 02-0799936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, CHACKO
18110 EMERALD BAY ST
TAMPA, FL 33647 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: PD () Delete
Name: ABRAHAM, CHACKO
Address: 18110 EMERALD BAY ST
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: KURIEN, JOHN
Address: 17909 SAINT CROIX ISLE DR
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: MAMMEN, JACOB
Address: 29236 BIRDS EYE DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T () Delete
Name: ISAAC, SOM
Address: 34806 MARSH GLEN CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: THOMAS, JUBY
Address: 31307 ANNISTON DR
City-St-Zip: TAMPA, FL 33543

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:

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: CHACKO ABRAHAM

PD

02/13/2008

Electronic Signature of Signing Officer or Director

Date