

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008165

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** ABUNDANT LIFE CHRISTIAN CHURCH AUBURNDALE, CORP.

**Current Principal Place of Business:**

231 E. LAKE AVE.  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

907 AVE. V, SE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 26-0710204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COX, WILLIAM L.  
907 AVE. V, SE  
WINTER HAVEN, FL 33880 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: DM ( ) Delete  
Name: COX, WILLIAM L.  
Address: 907 AVE. V, SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DFS ( ) Delete  
Name: PEARSON, JUDITH  
Address: 2509 14 CT., SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DFS ( ) Delete  
Name: WISE, JANET  
Address: 2022 MISTY MORNING DR.  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DFS (X) Change ( ) Addition  
Name: NUBER, ROSE  
Address: 2608 TRINITY CIRCLE, NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DFS (X) Change ( ) Addition  
Name: JOSEPH, DELIA  
Address: 200 AVE. K., SE  
City-St-Zip: WINTER HAVEN, FL 33880

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: WILLIAM L. COX

REV

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date