2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006349

FILED Feb 04, 2009 Secretary of State

Entity Name: ABOUNDING GRACE MINISTRIES INC. **Current Principal Place of Business: New Principal Place of Business:** 2090 GREENTREE CT. 290 US HWY 17 SOUTH BARTOW, FL 33830 BARTOW, FL 33830 **Current Mailing Address: New Mailing Address:** 2090 GREENTREE CT. 290 US HWY 17 SOUTH BARTOW, FL 33830 BARTOW, FL 33830 FEI Number: 26-2941256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVERETT, JAMES E 2090 GREENTREE CT. BARTOW, FL 33830 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEVERETT, JAMES E Name: Name: Address: 2090 GREENTREE CT. Address: BARTOW, FL 33830 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEVERETT, YULONDA D Name: Address: 2090 GREENTREE CT. Address: City-St-Zip: BARTOW, FL 33830 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: JAMES E LEVERETT REV. 02/04/2009