

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007821

FILED
May 29, 2009
Secretary of State

Entity Name: BETHEL ABUNDANT LIFE MINISTRIES INC.

Current Principal Place of Business:

5055 BABCOCK ST NW, UNIT 3
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

PO BOX 100317
PALM BAY, FL 32910

New Mailing Address:

FEI Number: 80-0241830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WITTOCK, VALVERN
1713 GLENRIDGE STREET NW
PALM BAY, FL 32907 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: P () Delete
Name: WITTOCK, VALVERN
Address: 1713 GLENRIDGE STREET NW
City-St-Zip: PALM BAY, FL 32907

Title: VP () Delete
Name: WITTOCK, VIVIENE V
Address: 1713 GLENRIDGE STREET NW
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: THOMAS, RUTH
Address: 9080 SE 88TH ST.
City-St-Zip: OCALA, FL 34472

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCDONALD, DELTON S
Address: 4373 NW 45 AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Change (X) Addition
Name: MULLINGS, GLORIA M
Address: 317 LANACK ROAD SW
City-St-Zip: PALM BAY, FL 32909

Title: D () Change (X) Addition
Name: DAVIS, KATHLEEN Y
Address: 1784 NANTON STREET NW
City-St-Zip: PALM BAY, FL 32007

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: VALVERN WITTOCK

P

05/29/2009

Electronic Signature of Signing Officer or Director

Date