## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

N09977

(2)

ABUNDANT LIFE ASSEMBLY OF GOD OF PUNTA GORDA, FL ORIDA, INC.

| Principal Place of Business  |  | Mailing Address                        |                                   | a konkrojuk day manya bahila kerin kasur na  | C EMBELLINGS DES DANIED HAVING HAVING HEIGHT HEIGHT ALDRIC AT HEIGHT OF DIEGHT OF DES FIRMS |  |
|--|--|--|-----------------------------------|--|---|--|
| % DENNIS E. POSTELL  |  | % DENNIS E. POSTELL.<br>1500 COOPER ST |                                   |  |   |  |
| 1500 COOPER ST   |  |  |                                   |  |   |  |
| PUNTA GORDA  | FI. 33590  | PUNTA GORDA FL 33950-6                 | 205                               | 3. Date Incorporated or Qualified 06/26/1985   | 3a. Date of Last Report 05/01/1996  |  |
| 2. Principal Pi  | ace of Business                                    | 2a. Mailing Address<br>26              |                                   | 4. FEI Number<br>59-2244874  | Applied For Not Applicable  |  |
| Suite, Apt   | #, etc.  | Suite, Apt. #, etc.                    |                                   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |  |
| City & State   | 9  | City & State                           |                                   | 6. Election Campaign Financing   | \$5.00 May Be   |  |
| 23   |  | 28                                     |                                   | Trust Fund Contribution  | Added to Fees   |  |
| <i>Z</i> ip  | Country  | Zφ                                     | Country                           | 8. This corporation has liability for in   | 1   |  |
| 24   | 9. Name and Address of Curren                      |  | 30                                | Florida Statutes  10. Name and Address of New Rec  | Yes No  |  |
|  | g, mante and modified of content                   | n riogiotorea regent                   | 81 Nam                            | The state of the s |   |  |
| POSTELL  | DENNIS E   |  |                                   | Address (D.O. Constitution in No.  |   |  |
| POSTELL, DENNIS E. 3333 WISTERIA PL.   |  |  | <b>82</b>   Stree                 | t Address (P.O. Box Number is Not Acceptable   | e) (  |  |
| PUNTA GORDA, FL  |  |  | 83                                |  |   |  |
|  | RLOTTE FL 33930                                    |  | 84 City                           |  | 85 Zip Code   |  |
|  |  |  |                                   |  | FL  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with end accept the obligations of, Section 617.0503, Florida Statutes. |  |  |                                   |  |   |  |
| SIGNATURE  | Signar no listed or printed name of registrood ago | 0 t                                    | to E. Ro                          | se, Treasurer ure required when reinstating)   | 3/13/97   |  |
| 12.  | OFFICERS AN  |  | 13.                               | ADDITIONS/CHANGES TO OFFIC   |   |  |
| THLE   | PD   | DELETE                                 | 1.1 TITLE                         |  | Change Addition   |  |
| NAME   | POSTELL, DENNIS E.                                 |  | 1.2 NAME                          |  |   |  |
| STREET ADDRESS   | 3333 WISTERIA PL                                   |  | 1.3 STREET ADDRESS                | 5  |   |  |
| CITY - \$T - ZIP   | PUNTA GORDA FL                                     |  | 1.4 CITY - ST - ZIP               |  |   |  |
| TITLE  | S TOLLING IFOOM                                    | DELETE                                 | 2.1 TITLE                         | S  | Change Addition   |  |
| NAME   | TOLUNI, JERRY                                      |  | 2.2 NAME                          | HUSKA, RAY   |   |  |
| STREET ADDRESS   | 7506 Paspallum St<br>Punta Gorda Fl                |  | 2.3 STREET ADDRESS                | DOIG OF GTWOMP DW  |   |  |
| CITY - ST - Zif'   | TUNIA GUNDA FL                                     | DELETE                                 | 2. 4 CITY - ST - ZIP<br>3.1 TITLE | PUNTA GORDA, FL 33   | 950 Change Addition   |  |
| NAME   | OTTO, ROSE   | bound secretaria                       | 3 2 NAME                          | 1  |   |  |
| STREET ADORESS   | 3538 ST FLORENT CT                                 |  | 3.3 STREET ADDRESS                | s  |   |  |
| CHY-ST-ZIP   | PUNTA GORDA FL                                     |  | 3.4. CITY-ST-ZIP                  |  |   |  |
| TITLE  | D  | DELETE                                 | 4.1 TITLE                         |  | Change Addition   |  |
| NAME   | EMERY, GEROGE                                      |  | 4. 2 NAME                         |  |   |  |
| STREET ADDRESS   | 1452 ABSCOTT                                       |  | 4.3 STREET ADDRESS                | 5  |   |  |
| CITY - S1 - 7/P  | Punta Gorda Fl                                     | □ DCIC†¢                               | 4.4 CITY - \$1 - ZIP              |  | Change Laddies  |  |
| TITLE  |  | ☐ D€LETE                               | 5.1 TITLE                         |  | Change Addition   |  |
| NAME<br>STREET ADDRESS   |  |  | 5.3 STREET ADDRES                 |  |   |  |
| CITY-S(-ZIP  |  |  | 5.4 City-St-ZiP                   | 3  |   |  |
| TITLE  |  | DELETE                                 | 6.1 TITLE                         |  | Change Addition   |  |
| NAME   |  |  | 6.2 NAME                          | }  | . —   |  |
| STREET ADDRESS   |  |  | 6.3 STREET ADDRES                 | s .  |   |  |
| l i  |  |  |                                   | i  |   |  |

14. Ide hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Otto E. Rose, Treasurer 3/13/97

SIGNATURE: X

Daytime Phone # 0057601

Date

**FILED** 

Mar 24 1997 8:00am

Secretary of State