

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUN -5 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09977 (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

% DENNIS E. POSTELL
1500 COOPER ST
PUNTA GORDA FL 33950

% DENNIS E. POSTELL
1500 COOPER ST
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified

06/26/1985

4. FEI Number

59-2244874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSTELL, DENNIS E.
3333 WISTERIA PL.
PUNTA GORDA, FL
PT. CHARLOTTE FL 33930

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

500002553585-2

84 City

-06/09/98-01113-003
*****70,00 *****98:00
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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Otto E. Rose, Treasurer

1/28/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS POSTELL, DENNIS E.
CITY-ST-ZIP 3333 WISTERIA PL
PUNTA GORDA FL 33950

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS HUSKA, RAY
CITY-ST-ZIP 3818 ST GIRONDS DR.
PUNTA GORDA FL

2.1 TITLE T ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3818 ST GIRONDS DR
2.4 CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ DELETE
NAME T
STREET ADDRESS OTTO, ROSE
CITY-ST-ZIP 3333 WISTERIA PL
PUNTA GORDA FL 33950

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS #3806 BORDEAUX DRIVE
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME D
STREET ADDRESS EMERY, GEROGE
CITY-ST-ZIP 1452 ABSCOTT
PUNTA GORDA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T
5.3 STREET ADDRESS RICK McDONALD
5.4 CITY-ST-ZIP 1443 MOHAWK DR
PORT CHARLOTTE, FL 33952

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE

[Signature]

Otto E. Rose

6/28/98

CR2E037 (10/97)