

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09977

1. Entity Name

ABUNDANT LIFE ASSEMBLY OF GOD OF PUNTA GORDA, FL

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90086 014 ****70.00

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 33950-6209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2244874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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 *Otto E. Rose* Otto E. Rose, Treasurer 2-22-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS HUSKA, RAY
CITY-ST-ZIP 3818 ST GIRONS DR.
PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS OTTO, ROSE
CITY-ST-ZIP 3306 BORDEAUX DRIVE
PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1312 AQUI ESTA DR.
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS MCDONALD, RICK
CITY-ST-ZIP 1443 MOHAWK DR
PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS POSTELL, DENNIS E. Jr.
CITY-ST-ZIP 4729 WESTWOOD DR.
PUNTA GORDA, FL 33982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Otto E. Rose* Otto E. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2000 (941) 639-5433
Date Daytime Phone #

CR2E037 (9/99)