

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90366 021 ****70.00

DOCUMENT # N09977

1. Entity Name
**ABUNDANT LIFE ASSEMBLY OF GOD OF PUNTA
GORDA, FLORIDA, INC.**



Principal Place of Business
**2730 TAYLOR ROAD
PUNTA GORDA, FL 33950**

Mailing Address
**2730 TAYLOR ROAD
PUNTA GORDA, FL 33950**

50041527



04182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**POSTELL, DENNIS E.
3326 WISTERIA PL.
PUNTA GORDA, FL
PT. CHARLOTTE, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POSTELL, DENNIS E.
STREET ADDRESS	3326 WISTERIA PL
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	S
NAME	HUSKA, RAY
STREET ADDRESS	3818 ST GIRONS DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	T
NAME	ROSE, OTTO
STREET ADDRESS	1312 AQUI ESTA DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	BURNS, LAWRENCE
STREET ADDRESS	15550 - 104 BURNT STORE RD
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	D
NAME	POULTON, KEITH W
STREET ADDRESS	21192 BASSETT AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	MCDONALD, RICHARD
STREET ADDRESS	1443 MOHAWK DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis E Postell SR

4-18-05

941-639-5433