

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 003 ****61.25

DOCUMENT # N15682

1. Entity Name

ABUNDANT LIFE CHURCH OF KEYSTONE HEIGHTS, INC.



Principal Place of Business

P O BOX 2086
6865 S.R. 21
KEYSTONE HGTS FL 32656

Mailing Address

P O BOX 2086
6865 S.R. 21
KEYSTONE HGTS FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

58-0904463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYFIELD, REV ANN
7693 SILVER SANDS RD
KEYSTONE HGTS FL 32656

7. Name and Address of New Registered Agent

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

SIGNATURE

Ann Mayfield

Rev. Ann Mayfield

4/3/06

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

(NOTE: Registered Agent signature required when revalidating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MAYFIELD, ANN
STREET ADDRESS 7693 SILVER SANDS RD
CITY-ST-ZIP KEYSTONE HGTS FL

TITLE VD ☐ Delete
NAME SMITH, CLIFTON
STREET ADDRESS 7 W MAIN ST STE 400
CITY-ST-ZIP APOPKA FL

TITLE D ☒ Delete
NAME CHARLES, RUDY
STREET ADDRESS PO BOX 528 WHIRLWIND LOOP
CITY-ST-ZIP MELROSE FL 32666

TITLE D ☐ Delete
NAME MAYFIELD, CURTIS
STREET ADDRESS 7593 SILVER SAND RD.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D ☒ Change ☐ Addition
NAME Julian Mayfield
STREET ADDRESS P.O. Box 1125A
CITY-ST-ZIP Keystone Heights, FL 32656

TITLE D ☐ Change ☒ Addition
NAME Norman Crumpton
STREET ADDRESS P.O. Box 912
CITY-ST-ZIP Keystone Heights, FL 32656

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS P.O. Box 912
CITY-ST-ZIP Keystone Heights, FL 32656

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 exemptions contained in Section 119, 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:

Ann Mayfield Ann Mayfield

4/3/06 352-473-3400