

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 09, 2007 08:00 A
Secretary of State

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**



05072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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

Ann Mayfield
(NOTE: Registered Agent signature required when reinstating)

5/7/07
DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYFIELD, ANN 7693 SILVER SANDS RD KEYSTONE HGTS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CLIFTON 7 W MAIN ST STE 400 APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, JULIAN P.O. BOX 11254 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, CURTIS 7593 SILVER SAND RD. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUMPTON, NORMAN P.O. BOX 912 KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUMPTON, MELODY P.O. BOX 912 KEYSTONE HEIGHTS, FL 32656

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05/29/07-80038-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* *5/7/07* *352-473-3400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #