## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20885

FILED Oct 04, 2004 Secretary of State

Entity Name: ABUNDANT LIFE MINISTRIES, ASSEMBLY OF GOD, STUART, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

751 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994

Current Mailing Address: New Mailing Address:

751 SOUTHEAST CENTRAL PARKWAY STUART, FL 34994

FEI Number: 59-2755062 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCLAIN, JONATHAN D
1745 N.E. DARLICH AVENUE
JENSEN BEACH, FL 33457 US
MCCLAIN, JONATHAN D
1745 N.E. DARLICH AVENUE
JENSEN BEACH, FL 34957 US

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: JONATHAN D MCCLAIN 10/04/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P/D () Delete (X) Change ( ) Addition MCCLAIN, JONATHAN MCCLAIN, JONATHAN Name: Name: 1745 NE DARLICH AVE. Address: 1745 NE DARLICH AVE. Address: City-St-Zip: JENSEN BEACH, FL City-St-Zip: JENSEN BEACH, FL 34957 Title: ( ) Delete Title: () Change () Addition CURET, STEPHEN Name: Name: Address: 4570 S.W. OAKHAVEN LANE Address: City-St-Zip: PALM CITY, FL City-St-Zip: Title: () Delete Title: () Change () Addition CAVALERI, GIUSEPPE Name: Name: 1778 HARRISON STREET Address: Address: City-St-Zip: STUART,, FL 34997 City-St-Zip: Title: S/T ( ) Delete Title: () Change () Addition Name: MCCLAIN, RACHEL Name: 1745 N.E. DARUCH AVE Address: Address: City-St-Zip: JENSEN BEACH, FL City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 PIPER, DON
 Name:

 Address:
 4940 SE PINE REDGE WAY
 Address:

 City-St-Zip:
 STUART,, FL 34997
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN D MCCLAIN P/D 10/04/2004