

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20885

**FILED**  
**Sep 22, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

573 SE MONTREY RD  
STUART, FL 34994

**New Principal Place of Business:**

900 SE CENTRAL PARKWAY  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 1349  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 59-2755062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: MCCLAIN, JONATHAN D PASTOR  
Address: 1745 NE DARLICH AVE.  
City-St-Zip: JENSEN BEACH, FL 34957

Title: S/T  
Name: WARRINER, ROBERT ELDER  
Address: 211 SE VILLAS STREET  
City-St-Zip: STUART, FL 34994

Title: D  
Name: GREEN, ASH PASTOR  
Address: 3261 SE ROSSER BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN D MCCLAIN

P/D

09/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date