

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N24045 (9)**

1. Corporation Name

**ABUNDANT LIFE CHRISTIAN ASSEMBLY, INC.**

Principal Place of Business

222 S.W. BROADWAY ST.  
P.O. BOX 4293  
OCALA FL 34474  
US

Mailing Address

1925 NW 60TH AVE.  
P.O. BOX 4293  
OCALA FL 32678



3. Date Incorporated or Qualified  
**12/22/1987**

3a. Date of Last Report  
**07/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

**34478**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, JAMES M., JR.**  
**1925 NW 60TH AVE.**  
**OCALA FL 34482**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JAMES M. YOUNG, JR.**

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

(NOTE: Registered Agent signature required when replacing)

**Apr 22, 1996**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **YOUNG, JAMES M., JR.**  
STREET ADDRESS **1925 NE 60TH AVE.**  
CITY-ST-ZIP **OCALA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **WILLIAMS, DELORISE**  
STREET ADDRESS **2036 NW 2ND ST.**  
CITY-ST-ZIP **OCALA FL**

2.1 TITLE **SD** ☒ Change ☐ Addition  
2.2 NAME **REED, KATHLEEN**  
2.3 STREET ADDRESS **5134 SE 106 ST**  
2.4 CITY-ST-ZIP **BELLEVIEW, FL**

TITLE **VD** ☐ DELETE  
NAME **YARBOROUGH, RALPH A.**  
STREET ADDRESS **14480 NE 250TH AVE.**  
CITY-ST-ZIP **SALT SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE  
NAME **BROWN, JAMES**  
STREET ADDRESS **3421 NE 13TH ST.**  
CITY-ST-ZIP **OCALA FL**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **ANDERSON, JANICE**  
4.3 STREET ADDRESS **2216 NE 10TH CT**  
4.4 CITY-ST-ZIP **OCALA, FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES M. YOUNG, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr. 22, 1996**

**(352) 622-5515**

CR2E037 (12/95)