

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N24045

1. Entity Name
ABUNDANT LIFE CHRISTIAN ASSEMBLY, INC.



Principal Place of Business
**343 NE 1ST AVE
OCALA, FL 34470 US**

Mailing Address
**1925 NW 60TH AVE
OCALA, FL 34478 US**



01242005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2890422

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, JAMES M., JR.
STREET ADDRESS	1925 NW 60TH AVE
CITY-ST-ZIP	OCALA, FL
TITLE	SD
NAME	SHEILA GIBBS
STREET ADDRESS	3331 NW 2ND AVE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	VD
NAME	GIBBS, MATTHEW
STREET ADDRESS	3331 NW 2ND AVE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	TD
NAME	GREEN, HOWARD
STREET ADDRESS	44 ALMOND TRAIL
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

James M. Young, Jr. **JAMES M. YOUNG, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05
Date

(850) 622-5515
Daytime Phone #