

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 041 ****70.00

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 3245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala, FL

Zip

Country

Zip
34478

Country
USA

4. FEI Number

59-2890422

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James M. Young, Jr.

JAMES M. YOUNG, JR.

2/23/06

352-622-5513