

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 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  
**P.O. BOX 3245  
OCALA, FL 34478 US**



01232008 No Chg-NP CR2E037 (4/06)

**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**

**DO NOT WRITE  
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, 2008**

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	STD
NAME	BEHAR, MICHAEL
STREET ADDRESS	4560 SE 120TH STREET
CITY-ST-ZIP	BELLEVUE, FL 34420
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000833145  
02/28/08-80001-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

(352) 622-5513

Daytime Phone #