

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90157 037 ****70.00

DOCUMENT # N28578

1. Entity Name

LIFE-GIVING EVANGELISTIC MINISTRIES, INC. - ABUNDANT LIFE CHURCH OF GOD IN CHRIST

Principal Place of Business

Mailing Address

**12124 WILDBROOK DR
 RIVERVIEW FL 33569
 US**

**P.O. BOX 2754
 BRANDON FL 33509-2754**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3986359

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDER, BESSIE
 1906 GRACE STREET
 TAMPA FL 33607**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **BARNES, MATTHEW Q**
 STREET ADDRESS **12124 WILDBROOK DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☒ Addition
 NAME **CORRIETTE GLENN**
 STREET ADDRESS **1652 FLUOR SHIRE DR**
 CITY-ST-ZIP **TAMPA, FL. 33511**

TITLE **D** ☐ Delete
 NAME **WILDER, BESSIE**
 STREET ADDRESS **1906 GRACE STREET**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BLACK, VERNIE FAYE**
 STREET ADDRESS **3208 COMANCHE AVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **STURGIS, ROBERT**
 STREET ADDRESS **4122 NASSAU ST W**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CORRIETTE GLENN**
 STREET ADDRESS **1652 FLUOR SHIRE DR**
 CITY-ST-ZIP **TAMPA FL. 33511**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)