

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90132 016 \*\*\*\*61.25



|   |                                   |  |   |   |                                |
|---|-----------------------------------|--|---|---|--------------------------------|
| <b>DOCUMENT # N28578</b>  |                                   |  |   |   |                                |
| 1. Entity Name<br><b>LIFE-GIVING EVANGELISTIC MINISTRIES, INC. -- ABUNDANT LIFE CHURCH OF GOD IN CHRIST</b>   |                                   |  |   |   |                                |
| Principal Place of Business<br>12124 WILDBROOK DR<br>RIVERVIEW FL 33569<br>US   |                                   | Mailing Address<br>P.O. BOX 2754<br>BRANDON FL 33509-2754                        |   |   |                                |
| 2. Principal Place of Business  |                                   | 3. Mailing Address   |   |   |                                |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.  |   |   |                                |
| City & State  |                                   | City & State   |   | 4. FEI Number<br><b>95-3986359</b>  |                                |
| Zip   |                                   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                |
| 6. Name and Address of Current Registered Agent<br><br><b>MC DONALD, JOHN<br/>4122 WEST NASSAU STREET<br/>TAMPA FL 33607</b>  |                                   |  | 7. Name and Address of New Registered Agent                       |   |                                |
|   |                                   |  | Name  |   |                                |
|   |                                   |  | Street Address (P.O. Box Number is Not Acceptable)                |   |                                |
|   |                                   |  | City  |   |                                |
|   |                                   |  | <b>FL</b>   |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                   |  |   |   |                                |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                                |
|   |                                   |  |   | <b>Make Check Payable to Florida Department of State</b>  |                                |
| 10. OFFICERS AND DIRECTORS  |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |   |                                |
| TITLE   | P <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                |
| NAME  | BARNES, MATTHEW O                 | NAME   |   |   |                                |
| STREET ADDRESS  | 12124 WILDBROOK DR                | STREET ADDRESS   |   |   |                                |
| CITY-ST-ZIP   | RIVERVIEW FL 33569                | CITY-ST-ZIP  |   |   |                                |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                |
| NAME  | MC DONALD, JOHN                   | NAME   |   |   |                                |
| STREET ADDRESS  | 4122 WEST NASSAU STREET           | STREET ADDRESS   |   |   |                                |
| CITY-ST-ZIP   | TAMPA FL 33607                    | CITY-ST-ZIP  |   |   |                                |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                |
| NAME  | BLACK, VERNIE FAYE                | NAME   |   |   |                                |
| STREET ADDRESS  | 3208 COMANCHE AVE                 | STREET ADDRESS   |   |   |                                |
| CITY-ST-ZIP   | TAMPA FL                          | CITY-ST-ZIP  |   |   |                                |
| TITLE   | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                |
| NAME  | CORRIETTE, GLENN                  | NAME   |   |   |                                |
| STREET ADDRESS  | 1652 FLOURSHIRE DRIVE             | STREET ADDRESS   |   |   |                                |
| CITY-ST-ZIP   | BRANDON FL 33511                  | CITY-ST-ZIP  |   |   |                                |
| TITLE   | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                |
| NAME  |                                   | NAME   |   |   |                                |
| STREET ADDRESS  |                                   | STREET ADDRESS   |   |   |                                |
| CITY-ST-ZIP   |                                   | CITY-ST-ZIP  |   |   |                                |
| TITLE   | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |                                |
| NAME  |                                   | NAME   |   |   |                                |
| STREET ADDRESS  |                                   | STREET ADDRESS   |   |   |                                |
| CITY-ST-ZIP   |                                   | 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 like empowered. |                                   |  |   |   |                                |
| <b>SIGNATURE:</b> _____   |                                   |  |   |   |                                |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   |  | <small>Date</small>   |   | <small>Daytime Phone #</small> |



1st MOORE CR2E037 (10/04)