2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N30580

Entity Name: ABUNDANT HARVEST CHURCH, INC. OF CENTRAL FLORIDA

Current Principal Place of Business:

2319 FORTUNE RD
KISSIMMEE, FL 34743

New Principal Place of Business:

333 S. POINCIANA BLVD.
KISSIMMEE, FL 34746

Current Mailing Address:

P.O. BOX 420097
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3004190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, GARY W
2326 IRLO COURT
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JONES, GARY W	
Address:	2326 IRLO COURT	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	VD	( ) Delete
Name:	JONES, MARGARITA V	
Address:	2326 IRLO COURT	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	SD	( ) Delete
Name:	COPELAND, THOMAS L	
Address:	6211 CHINABERRY DR.	
City-St-Zip:	ORLANDO, FL 32808	
Title:	TD	( ) Delete
Name:	CLARK, DOUGLAS B	
Address:	16990 S LYNDEN DRIVE	
City-St-Zip:	KISSIMMEE, FL 34741	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. JONES PD 04/30/2007
Electronic Signature of Signing Officer or Director — Date