

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35630

FILED  
Mar 22, 2006  
Secretary of State

**Entity Name:** ABUNDANT LIFE FELLOWSHIP OF TALLAHASSEE, INCORPORATED

**Current Principal Place of Business:**

3881 NORTH MONROE ST.  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180370  
TALLAHASSEE, FL 32318 US

**New Mailing Address:**

**FEI Number:** 59-2974355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLENDER, ELAINE DVS  
5993 PONDER LANE  
TALLAHASSEE, FL 32309 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: MILLENDER, LARRY J  
Address: 5993 PONDER LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete  
Name: MILLENDER, ELAINE  
Address: 5993 PONDER LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete  
Name: DANIELS, CHARLES  
Address: 2508 WILLAMETTE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: MILLENDER, CLIFF  
Address: 111 GREENWAY DRIVE  
City-St-Zip: HAVANA, FL 32333

**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 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: ELAINE MILLENDER

VD

03/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date