# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37445 (6)

1. Corporation Name
ABUNDANT LIFE CHRISTIAN FELLOWSHIP, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 105 COMMERCE STREET<br>105<br>LAKE MARY FL 32746-6305<br>US | 105 COMMERCE STREET<br>SUITE 105<br>LAKE MARY FL 32747-6305<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 03/29/1990 | 3a. Date of Last Report: 02/17/1994 |
| 4. FEI Number: 59-2990041 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City # State 23 | 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

LAWSON, WILLIAM
1580 GEORGE ST
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PT | 1.1 TITLE | PT | ☒ Change ☐ Addition |
| NAME | MIKLER, WILLIAM | 1.2 NAME | Dane Wren | |
| STREET ADDRESS | 431 KENTWOOD AVE | 1.3 STREET ADDRESS | 398 Amethyst Court | |
| CITY-ST-ZIP | SANDFORD FL | 1.4 CITY-ST-ZIP | Lake Mary FL 32746 | |
| TITLE | VT | 2.1 TITLE | S/T/T | ☒ Change ☐ Addition |
| NAME | WREN, DANE | 2.2 NAME | William Lawson | |
| STREET ADDRESS | 398 AMETHYST COURT | 2.3 STREET ADDRESS | 1580 George Street | |
| CITY-ST-ZIP | LAKE MARY FL | 2.4 CITY-ST-ZIP | Orlando FL 32806 | |
| TITLE | ST | 3.1 TITLE | Tr | ☐ Change ☒ Addition |
| NAME | LAWSON, WILLIAM | 3.2 NAME | Lindsay Trim | |
| STREET ADDRESS | 1580 GEORGE ST | 3.3 STREET ADDRESS | 1319 Summertree Court | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | Longwood FL 32750 | |
| TITLE | T | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RICE, WILLIAM | 4.2 NAME | | |
| STREET ADDRESS | 6719 OSWEGO DR | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA FL | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Dane C. Wren 4/24/95 407-862-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 1995