

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37445 (6)

1. Corporation Name

ABUNDANT LIFE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

105 COMMERCE STREET
105
LAKE MARY FL 32746-6305
US

105 COMMERCE STREET
SUITE 105
LAKE MARY FL 32747-6305
US

3. Date Incorporated or Qualified
03/29/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 232 Seminole Ave

26 PO Box 953086

4. FEI Number
59-2990041

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake Mary, FL

28 Lake Mary, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 32746

25 USA

29 32795

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAWSON, WILLIAM
1580 GEORGE ST
ORLANDO FL 32806**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William A. Lawson*

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

(NOTE: Registered Agent signature required when reinstating)

4/19/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PT DANE WREN**
STREET ADDRESS **398 AMETHYST CT**
CITY-ST-ZIP **LAKE MARY FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Robert Noffsinger**
1.3 STREET ADDRESS **357 Amethyst Court**
1.4 CITY-ST-ZIP **Lake Mary FL 32746**

TITLE ☐ DELETE
NAME **STT WILLIAM LAWSON**
STREET ADDRESS **1580 GEORGE ST**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **William Lawson**
2.3 STREET ADDRESS **1580 George Street**
2.4 CITY-ST-ZIP **Orlando FL 32806**

TITLE ☒ DELETE
NAME **TR LINDSAY TRIM**
STREET ADDRESS **1319 SUMMERTREE CT**
CITY-ST-ZIP **LONGWOOD FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T RICE, WILLIAM**
STREET ADDRESS **6719 OSWEGO DR**
CITY-ST-ZIP **MOUNT DORA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Robert A. Noffsinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
Date

321-6106
Daytime Phone #

CR2E037 (12/95)