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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90097 024 \*\*\*\*61.25

**DOCUMENT # N37445**

1. Corporation Name

**ABUNDANT LIFE CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business

232 SEMINOLE AVE  
LAKE MARY FL 32746  
US

Mailing Address

P.O. BOX 953086  
LAKE MARY FL 32795  
US



2. Principal Place of Business

21 302 Bent Way Lane

Suite, Apt. #, etc.

22

City & State

23 Lake Mary, FL

Zip Country

24 32746

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

03/29/1990

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

9. Name and Address of Current Registered Agent

LAWSON, WILLIAM  
1912 FERN CIR  
ORLANDO FL 32803

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TT  
TRIM, LINDSAY  
STREET ADDRESS 1319 SUMMERTREE CT  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME ST  
WILLIAM LAWSON  
STREET ADDRESS 1912 FERN CIR  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition

1.2 NAME DANE WREN  
1.3 STREET ADDRESS 302 Bent Way Lane  
1.4 CITY-ST-ZIP Lake Mary, FL 32746

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME LINDSAY TRIM  
2.3 STREET ADDRESS 252 Shoreline Circle #2  
2.4 CITY-ST-ZIP Schaumburg, IL 60194

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE TT ☒ Change ☐ Addition

4.2 NAME JILL MESSIER  
4.3 STREET ADDRESS 723 Keenland Pike  
4.4 CITY-ST-ZIP Lake Mary, FL 32746

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

407-330-4412

Date

Daytime Phone #

CR2E037 (11/98)

0016121