FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90183 021 ****61.25

DOCUMENT # N40559

ABUNDANT LIFE APOSTOLIC	CHURCH, INC.	
Principal Place of Business	Mailing Address	
7225 PLATAIN DR ORLANDO FL 32818 US	7225 PLANTAIN DR ORLANDO FL 32818 US	
Principal Place of Business The Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

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Applied For

Not Applicable

3. Date Incorporated or Qualifed 10/29/1990 4. FEI Number

65-0224816

City & Stat	te .	—	& State			5. Certif	fcate of Status	Desired			Additional -
23	· <u> </u>	28				_	 				
Zip	Country 25	y Zip	3	Country	•	- 1	ion Campaign I : Fund Contribu	_	□ .	-	May Be to Fees
24		ss of Current Registered		,			e and Address		aistered /		
	5. Raille allu Auure	as of Content Registered	Agont	81	Name	707 10011			3.0		
							_				
Clark, R				82	Street /	Address (P.O. Bo	ox Number is N	ot Acceptat	ile)		
193 14TH				-	ļ			·			
vero be/	ACH FL 32960			83			•				
	,		•	84	City					85 Zip	Code
	•			1	1				<u>FL</u>		
- 11. Pursuant	to the provisions of Sec	ions 617.0502 and 617:150	08, Florida Statutes	the above	named	corporation subn	nite this statem	ent for the p	urpose of	changing it	s registered ==:
office or r	registered agent, or both om familiar with, and acc	, in the State of Florida. Su ept the obligations of, Secti	ch change was aut on 617.0503. Florid	nonzed by Ia Statutes	tne corpo	oration's board of	r directors. I ne	reby accept	ше арроп	iuneni as i	egistered
	and the same of th	-p +g +1, 000					•			- '	
SIGNATURE	Signature, typed or printed name	of registered agent and title if applica	ble. (NOTE: R	legistered Ager	t signature n	equired when reinstatin	g)		DATE	·	
12.	0	FFICERS AND DIRECTOR	RS	13.		ADDIT	IONS/CHANG	S TO OFF	ICERS AN	D DIRECT	ORS IN 12
TITLE	PD		DELETE	1.1 TITLE					-	Change	☐ Addition
NAME	SMITH, EUGENE			1.2 NAME				1			
STREET ADDRESS		VE ·		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL	-		1.4 CITY-S	T- <i>Z</i> IP						
TITLE	SD	 	DELETE	2.1 TITLE	, 441		····			Change	☐ Addition
NAME	SMITH, JANET			22 NAME							
		 NÆ		2.3 STREE							
STREET ADDRESS	ORLANDO FL	NE	-	*		·			-	·- ·-	_
CITY-ST-ZIP			DELETE	2.4 CITY-S 3.1 TITLE	31-ZIP	TD		<u> </u>		Change	Addition
TITLE	TD		TR DECESE				T-0				_
NAME '	GRANT, LAURA			3.2 NAME		SMITH, 7225 Pla Orlando,	J 1940E 1	. م			
STREET ADDRESS		•			FADDRESS	7225 1/4	estate by	9/ P		-	
CITY-ST-ZIP	VERO BEACH FL	<u> </u>		3.4. CITY+S	T-ZIP	unlando	1-652	010	·	☐ Change	Addition
TITLE			☐ DELETE	4.1 TITLE						Ć ∩ αιαιβε	
NAME	(v) 4.			4.2 NAME	1				,		
STREET ADDRESS				4.3 STREE	FAODRESS				1		,
CITY-ST-ZIP		·	·	4.4 CITY-S	T-ZIP					====	
TILE			☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS		-	•.	5.3 STREE	TADDRESS			-	· · ·		
CITY-ST-ZIP			•	5.4 CITY-S	T-ZIP			· · ·			
TITLE	\ <u> </u>		DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME				6.2 NAME							
040FFT DDDF00		•		6.3 STREE	TADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE: