2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 17, 2003 8:00 am Secretary of State DOCUMENT # **N46514** 09-17-2003 90019 046 ****70.00 ABUNDANT LIFE COMMUNITY CHURCH, INCORPORATED Principal Place of Business Mailing Address 1729 HWY 20 PO BOX 257 GRANDIN FL 32238 HAWTHORNE FL 32640 2. Principal Place of Business 39 ND North 3. Mailing Address Suite, Apt. # ☐ CHECK HERE IF MAKING CHANGES Applied For City & State FEI Number 59-3106697 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMBLISS, WILLIE C Street Address (P.O. Box Number is Not Acceptable) 119 LONDON AVE **INTERLACHEN FL 32148** 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or intended name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 1Ò. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete 'TITLE Change CHAMBLISS, WILLIE C NAME NAME 202 van conver circle 119 LONDON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INTERLACHÈN FL 32148 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition Johnson, Kenneth A NAME NAME STREET ADDRESS STREET ADDRESS 11209 HUDDERFIELD CIR N CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-7IP TITLE *** 💢 Change TITLE Delete ☐ Addition MILLER-WILLIAMS, BRENDA NAME NAME 3940 North Huy 441 STREET ADDRESS 119 LONDON AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP INTERLACHEN FL 32148 17 easures Addition TITLE ☐ Delete TITLE PECK, MARCUS III NAME NAME **106 YOUNG STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP INTERLACHEN FL 32148 TITLE ☐ Delete TITLE ☐ Addition PECK, TERAL L NAME NAME STREET ADDRESS 106 YOUNG STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP INTERLACHEN FL 32148

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

-SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

FILED