

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48803

1. Entity Name

ABUNDANT LIFE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

36909 FOREST DEL DRIVE  
EUSTIS FL 32736  
US

Mailing Address

36909 FOREST DE DRIVE  
EUSTIS FL 32736  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

36909 Forestdel Drive

Suite, Apt. #, etc.

36909 Forestdel Drive

City & State

Zip

Country

4. FEI Number

59-3111770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORENCE, ARTHUR L  
36909 FOREST DE DRIVE  
EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORENCE, ARTHUR LEE, SR 36909 FOREST DEL DR. EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLORENCE, ARTHUR L JR 36909 FOREST DE DR. EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLORENCE, DANETTA L 36909 FOREST DE DR. EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLORENCE, LIBBIE A. 36909 FOREST DE DR. EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, QUINETTA L 36909 FOREST DEL DR. EUSTIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FLORENCE, ERIC L 36909 FOREST DEL DR. EUSTIS FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE:

ARTHUR L FLORENCE SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90081 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)