

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N48803**

1. Entity Name

ABUNDANT LIFE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

Mailing Address

**36909 FORESTDEL DR
EUSTIS FL 32736
US****36909 FORESTDEL DR
EUSTIS FL 32736
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**FLORENCE, ARTHUR L
36909 FOREST DE DRIVE
EUSTIS FL 32736**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLORENCE, ARTHUR LEE, SR	
STREET ADDRESS	36909 FOREST DEL DR.	
CITY-ST-ZIP	EUSTIS FL	

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	FLORENCE, ARTHUR L JR	
STREET ADDRESS	36909 FOREST DE DR.	
CITY-ST-ZIP	EUSTIS FL	

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	FLORENCE, DANETTA L	
STREET ADDRESS	36909 FOREST DE DR.	
CITY-ST-ZIP	EUSTIS FL	

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	FLORENCE, LIBBIE A.	
STREET ADDRESS	36909 FOREST DE DR.	
CITY-ST-ZIP	EUSTIS FL	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FLORENCE, QUINETTA L	
STREET ADDRESS	36909 FOREST DEL DR.	
CITY-ST-ZIP	EUSTIS FL	

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

TITLE	TR	<input type="checkbox"/> Delete
NAME	FLORENCE, ERIC L	
STREET ADDRESS	36909 FOREST DEL DR.	
CITY-ST-ZIP	EUSTIS FL	

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arthur Lee Florence Sr. 5-3-02 407-467-8809**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91717 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)