## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48803

FILED May 19, 2004 Secretary of State

Entity Name: ABUNDANT LIFE CHURCH OF THE LIVING GOD, INC.

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
36909 FOI EUSTIS, F	RESTDEL DR L 32736 U	S			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
36909 FOI EUSTIS, F	RESTDEL DR L 32736 U	S			
FEI Number	: 59-3111770	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
FLORENCE, ARTHUR L 36909 FOREST DE DRIVE EUSTIS, FL 32736 US			36909 FORÉST D	FLORENCE, ARTHUR L 36909 FOREST DEL DRIVE EUSTIS, FL 32736 US	
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				05/19/2004	
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:		) Delete RTHUR LEE, , SR Γ DEL DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ) FLORENCE, AI 36909 FOREST EUSTIS, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( ) FLORENCE, D 36909 FORES EUSTIS, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT ( ) FLORENCE, LI 36909 FORES EUSTIS, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) FLORENCE, Q 36909 FORES EUSTIS, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TR ( ) FLORENCE, EI 36909 FORES EUSTIS, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L FLORENCE, SR DP 05/19/2004