

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:28

DOCUMENT # **N50305** (4)
1. Corporation Name
ABUNDANT LIFE TABERNACLE INC.

Principal Place of Business Mailing Address
**106 E INTERLAKE BLVD
LAKE PLACID FL 33852** **P. O. BOX 227
SEBRING FL 33871
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/11/1992** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-3044195** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HOLLAND, FLOYD D
3735 PINEVIEW DR
SEBRING FL 33872**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Floyd D. Holland* **FLOYD D. HOLLAND** DATE **1-14-95**
Signature, if total or partial name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLAND, FLOYD D
STREET ADDRESS	3735 PINEVIEW DR
CITY - ST - ZIP	SEBRING FL
TITLE	VD
NAME	HOLLAND, BONNIE J
STREET ADDRESS	3735 PINEVIEW DR
CITY - ST - ZIP	SEBRING FL
TITLE	TD
NAME	POLLARD, LEWIS
STREET ADDRESS	24 POLLARD RD
CITY - ST - ZIP	LAKE PLACID FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	BUSH REGINA D
3.4 CITY - ST - ZIP	292 COUNTY RD. 619 S LAKE PLACID, FL. 33852
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	FOLSOM JUANITA
4.4 CITY - ST - ZIP	1304 PLACID DR. LAKE PLACID, FL. 33852
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	NEIL THOMAS
5.4 CITY - ST - ZIP	4831 SPRUCE ST. SEBRING, FL. 33872
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Floyd D. Holland* **FLOYD D. HOLLAND** 1-14-95 (813)471-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR