

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50305

(4)

1. Corporation Name

ABUNDANT LIFE TABERNACLE INC.



Principal Place of Business

106 E INTERLAKE BLVD
LAKE PLACID FL 33852

Mailing Address

P. O. BOX 227
SEBRING FL 33871
US

3. Date Incorporated or Qualified

06/11/1992

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLAND, FLOYD D
3735 PINEVIEW DR
SEBRING FL 33872

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

FLOYD D. HOLLAND

(NOTE: Registered Agent signature required when reinstating)

3-6-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOLLAND, FLOYD D
STREET ADDRESS 3735 PINEVIEW DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

11 TITLE D
12 NAME JOSEPH A. JOHNSON
13 STREET ADDRESS 1541 MULBERRY AVE.
14 CITY-ST-ZIP LAKE PLACID, FL. 33852

☐ Change ☒ Addition

TITLE VD
NAME HOLLAND, BONNIE J
STREET ADDRESS 3735 PINEVIEW DR
CITY-ST-ZIP SEBRING FL

☐ DELETE

21 TITLE D
22 NAME TIMOTHY WILLIAMS
23 STREET ADDRESS 1547 FIFTH ST.
24 CITY-ST-ZIP LAKE PLACID, FL. 33852

☐ Change ☒ Addition

TITLE TD
NAME BUSH, REGINA D
STREET ADDRESS 292 COUNTY RD 619 S
CITY-ST-ZIP LAKE PLACID FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FOLSOM, JUANITA
STREET ADDRESS 1304 PLACID DR
CITY-ST-ZIP LAKE PLACID FL

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME NEIL, THOMAS
STREET ADDRESS 4831 SPRUCE ST
CITY-ST-ZIP SEBRING FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☒ Addition

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 119.07(3)(k), 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

3-6-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)