

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000037

FILED
May 02, 2009
Secretary of State

Entity Name: THE ABUNDANCE OF PRAISE AND PERFECTING MINISTRIES, INC.

Current Principal Place of Business:

5036 S.E. 110TH STREET, UNIT 4
OCALA, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3388
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 65-0381386 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, LINDA D DR
6315 S. MAGNOLIA AVE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VTSM () Delete
Name: BROWN, MAXINE
Address: 6315 S. MAGNOLIA AVE
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: LITTLE, MAELEAN
Address: 612 YORKTOWN DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: TC () Delete
Name: LITTLE, JAMES
Address: 612 YORKTOWN DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: WILLIAMS, CORRY J
Address: 8098 JUNIPER ROAD
City-St-Zip: OCALA, FL 34480

Title: PD () Delete
Name: WILLIAMS, LINDA D
Address: 6315 S. MAGNOLIA AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAXINE BROWN

S

05/02/2009

Electronic Signature of Signing Officer or Director

Date