

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000124

FILED
Jul 06, 2004
Secretary of State**Entity Name:** ABUNDANT LIFE MINISTRIES OF PUTNAM COUNTY, INC**Current Principal Place of Business:**890 N HWY 19
PALATKA, FL 32177 US**New Principal Place of Business:**890 N STATE RD 19
PALATKA, FL 32177 US**Current Mailing Address:**890 N HWY 19
PALATKA, FL 32177 US**New Mailing Address:**890 N STATE RD 19
PALATKA, FL 32177 US**FEI Number:** 59-3162070**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CARTER, JERRY
1816 SHERMAN STREET
PALATKA, FL 32177 US**Name and Address of New Registered Agent:**CARTER, JERRY A MR
204 BRANTLEY ROAD
GRANDIN, FL 32138 US

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: JERRY CARTER

07/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: WILLIS, RAYMOND L
Address: 102 BELMONT DR
City-St-Zip: PALATKA, FL 32177Title: VSD () Delete
Name: WILLIS, CHAD
Address: 6002 5TH MANOR E
City-St-Zip: PALATKA, FL 32177Title: TD () Delete
Name: CARTER, JERRY
Address: 1816 SHERMAN AVE
City-St-Zip: PALATKA, FL 32177Title: D () Delete
Name: WILLIS, HENRY L
Address: 331 FRAN LANE
City-St-Zip: SAN MATEO, FL 32187Title: D () Delete
Name: LEE, CHRISTON
Address: 1616 ROSELLE AVE
City-St-Zip: PALATKA, FL 32177**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 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: JERRY CARTER

TD

07/06/2004

Electronic Signature of Signing Officer or Director

Date