

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000124

FILED
Apr 20, 2009
Secretary of State

Entity Name: ABUNDANT LIFE MINISTRIES OF PUTNAM COUNTY, INC

Current Principal Place of Business:

890 N STATE RD 19
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

890 N STATE RD 19
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-3162070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, CHAD L MR
1500 CALMING WATERS DR
#5506
ORANGE PARK, FL 32003 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: PD () Delete
Name: WILLIS, RAYMOND L
Address: 125 QUAIL LANE
City-St-Zip: PALATKA, FL 32177

Title: VSD () Delete
Name: WILLIS, CHAD L
Address: 1500 CALMING WATERS DR #5506
City-St-Zip: ORANGE PARK, FL 32003

Title: TD () Delete
Name: LEE, CHRISTON T
Address: 1616 ROSELLE AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: WILLIS, HENRY L
Address: 903 TIERRA WOOD
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:

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: ALICIA S. MILTON

MRS.

04/20/2009

Electronic Signature of Signing Officer or Director

Date