

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

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **N93000002745 (8)**

1. Corporation Name  
**ABUNDANT LIFE CHRISTIAN CHURCH INTERNATIONAL, IN C.**

Principal Place of Business: **1933 WILLIAMS MANOR AVE ORLANDO FL 32811-4130**  
Mailing Address: **1933 WILLIAMS MANOR AVE ORLANDO FL 32811-4130**

2. Principal Place of Business (21) Suite, Apt #, etc (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/14/1993**  
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3188671**  
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

9. Name and Address of Current Registered Agent  
**LAMAR, L J  
1933 WILLIAMS MANOR AVE  
ORLANDO FL 32811**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |   |
|----------------------------|---|--|---|
| TITLE: <b>DPT</b>          | NAME: <b>LAMAR, L J</b><br>STREET ADDRESS: <b>1933 WILLIAMS MANOR AVE</b><br>CITY, ST, ZIP: <b>ORLANDO FL 32811</b>     | 11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE: <b>DVS</b>          | NAME: <b>LOCKLEY, JODI</b><br>STREET ADDRESS: <b>1409 S. KIRKMAN RD., APT. 1036</b><br>CITY, ST, ZIP: <b>ORLANDO FL</b> | 12 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  | <b>SECRETARY<br/>Lockley, Jodi<br/>1409 S. Kirkman Rd., Apt. 1036<br/>Orlando, FL 32811</b> |
| TITLE: <b>D</b>            | NAME: <b>DJUAN, IRVIN</b><br>STREET ADDRESS: <b>7116 CORAL COVE DR.</b><br>CITY, ST, ZIP: <b>ORLANDO FL</b>             | 13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE: <b>D</b>            | NAME: <b>CARDLYN HALL</b><br>STREET ADDRESS: <b>7709 ARREZZO AV.</b><br>CITY, ST, ZIP: <b>ORL., FL 32811</b>            | 14 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>VICE PRESIDENT<br/>CARDLYN HALL<br/>7709 ARREZZO AV.<br/>ORL., FL 32811</b>              |
| TITLE: _____               | NAME: _____<br>STREET ADDRESS: _____<br>CITY, ST, ZIP: _____  | 15 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE: _____               | NAME: _____<br>STREET ADDRESS: _____<br>CITY, ST, ZIP: _____  | 16 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE: _____               | NAME: _____<br>STREET ADDRESS: _____<br>CITY, ST, ZIP: _____  | 17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| TITLE: _____               | NAME: _____<br>STREET ADDRESS: _____<br>CITY, ST, ZIP: _____  | 18 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(6)(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 recipient of fiduciary powers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *L. J. Lamar* **L. J. LAMAR** 5-15-95 (407)295-0296

APPROVED AND FILED  
MAY 19 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA