

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

May 02, 2000 8:00 am
Secretary of State

01-25-2000 90129 032 ****61.25

DOCUMENT # N93000002745

1. Entity Name

**ABUNDANT LIFE CHRISTIAN CHURCH INTERNATIONAL, IN
NEW LIFE MINISTRIES WORLD OUTREACH CENTER, INC.**

Principal Place of Business

Mailing Address

1602 BRUTON BLVD
ORLANDO FL 32805
US

PO BOX 618322
ORLANDO FL 32861-8322
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3188671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DJUAN, IRVIN A
7116 CORAL COVE DR
ORLANDO FL 32818

Name

IRVIN, DJUAN A.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **IRVIN, DJUAN A**
CITY-ST-ZIP **7116 CORAL COVE DR**
ORLANDO FL 32818

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Grider, Alfred**
CITY-ST-ZIP **4431 Teresa Blvd.**
Orlando, FL 32811

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GILYARD, SABRINA**
CITY-ST-ZIP **6510 B. SUMMENOK SQUARE**
WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **IRVIN, GWENDOLYN**
CITY-ST-ZIP **7116 CORAL COVE DR.**
ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **GWENDOLYN IRVIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (407) 291-8871

Date

Daytime Phone #