


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N93000004161 1. Entity Name ABUNDANT LIFE WORSHIP CENTER, INC.	
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Principal Place of Business 21323 NW 40 CIR CT MIAMI, FL 33055	Mailing Address 21323 NW 40 CIR CT MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0438390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, RUBY T
21323 NW 40 CIR CT
MIAMI, FL 33055

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FOX, RUBY T 21323 NW 40 CIR CT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BECTON, DEMETRYUS 21120 NW 28 COURT MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, FREDDIE L 1701 N E 191 ST A-120 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80062-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ruby T. Fox RUBY T. FOX 5/28/07 786-201-1772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #