


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004161
 1. Entity Name
ABUNDANT LIFE WORSHIP CENTER, INC.



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



04192008 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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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, 2008

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/08-80057-015 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 4/18/08 305-620-1084
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #