

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000214

FILED
Apr 13, 2006
Secretary of State

Entity Name: ABUNDANT LIFE MINISTRIES OF HERNANDO CO., INC.

Current Principal Place of Business:

4403 CANDLER AVE.
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

4403 CANDLER AVE.
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 59-3215965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, VIRGINIA L
4403 CANDLER AVE.
SPRING HILL, FL 34609 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: DPT () Delete
Name: ALLEN, NANCY ANN
Address: 4403 CANDLER AVE.
City-St-Zip: SPRING HILL, FL 34609 US

Title: DVS () Delete
Name: EVANS, VIRGINIA L
Address: 4403 CANDLER AVE.
City-St-Zip: SPRING HILL, FL 34609 US

Title: D () Delete
Name: WILGUS, VICTORIA J
Address: 5930 GULF DR.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: AHRENS, GLADYS
Address: 264 KILLINGER AVENUE
City-St-Zip: SPRING HILL, FL 34606 US

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 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: NANCY A. ALLEN

DPT

04/13/2006

Electronic Signature of Signing Officer or Director

Date