## FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000000960 (4)

ABUNDANT LIFE WORSHIP COMPLEX OF FLORIDA, INC.

Principal Place of Business Mailing Address 304 W. 27TH STREET 304 W. 27TH STREET 3. Date Incorporated or Qualified SANFORD FL 32771 SANFORD FL 32771 02/21/1994 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **GRIFFIN. JAMES W** 82 Street Address (P.O. Box Number is Not Acceptable) 304 W. 27TH STREET 83 SANFORD FL 32771 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME **GRIFFIN, JAMES W** 12 NAME STREET ADDRESS 304 W. 27TH STREET 1.3 STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change 2.1 TITLE TITLE GILCHRIST, KEVIN NAME 2.2 NAME 304 W. 27TH STREET STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME **GILL, JAMES** 3.2 NAME STREET ADDRESS 304 W. 27TH STREET 3.3 STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE DAVIS, LEWIS NAME 4. 2 NAME 304 W. 27TH STREET 4.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP 4.4 CITY-ST-ZIP \_\_-Change DELETE Addition TITLE 5.1 TITLE 70000246221 5.2 NAME NAME JONES, MARVIN -03/19/98--01022--022 304 W. 27TH STREET 5.3 STREET ADDRESS STREET ADDRESS \*\*\*70.00 SANFORD FL 32771 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE ☐ Change TITLE NAME THOMAS, FRANK 6.2 NAME mist. 304 W. 27TH STREET 6.3 STREET ADDRESS STREET ADDRESS

14. 1 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Mar 19 1998 8:00am

Secretary of State

2/21/98 (No2) 222-240h