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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000960**

1. Corporation Name
ABUNDANT LIFE WORSHIP COMPLEX OF FLORIDA, INC.

125069 · 90028 · 1

Principal Place of Business	Mailing Address
304 W. 27TH STREET SANFORD FL 32771	304 W. 27TH STREET SANFORD FL 32771

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/21/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 32773 Country 25	Zip 29 32773 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRIFFIN, JAMES W
304 W. 27TH STREET
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code **32773**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JAMES W		1.2 NAME		
STREET ADDRESS	304 W. 27TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILCHRIST, KEVIN		2.2 NAME		
STREET ADDRESS	304 W. 27TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, LEWIS		4.2 NAME		
STREET ADDRESS	304 W. 27TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MARVIN		5.2 NAME		
STREET ADDRESS	304 W. 27TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, CHARLES		6.2 NAME		
STREET ADDRESS	304 W. 27TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32771		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Kevin Gilchrist SIGNATURE REQUIRED Kevin Gilchrist 2-1-99 (407)330-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #