

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90066 049 ****70.00

DOCUMENT # N94000000960

1. Entity Name

ABUNDANT LIFE WORSHIP COMPLEX OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**304 W. 27TH STREET
SANFORD FL 32773****304 W. 27TH STREET
SANFORD FL 32773-5126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GRIFFIN, JAMES W
304 W. 27TH STREET
SANFORD FL 32773**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	GRIFFIN, JAMES W	304 W. 27TH STREET	SANFORD FL 32771				
D	GILCHRIST, KEVIN	304 W. 27TH STREET	SANFORD FL 32771				
D	GILL, JAMES	304 W. 27TH STREET	SANFORD FL 32771				
D	DAVIS, LEWIS	304 W. 27TH STREET	SANFORD FL 32771				
D	JONES, MARVIN	304 W. 27TH STREET	SANFORD FL 32771				
D	MARTIN, CHARLES	304 W. 27TH ST.	SANFORD FL 32771				

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)