2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 91176 047 ****70.00

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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

DO NOT WRITE IN THIS SPACE

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 [X] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, JAMES W
304 W. 27TH STREET
SANFORD FL 32773

7. Name and Address of New Registered Agent

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

CR2E037 (9/01)

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: Kevin G. Gilchrist REQUIRED Kevin G. Gilchrist 4/1/02 407 330-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #