

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001183 (0)

1. Corporation Name

ABUNDANT LIFE MINISTRIES, INC.



Principal Place of Business

Mailing Address

1000 ALVEREZ AVE.
LADY LAKE FL 32159

1000 ALVEREZ AVE.
LADY LAKE FL 32159-5700

3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3375467

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISE, JOHN F
1100 MAIN STREET
LADY LAKE FL 32159

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	DRAKE, STEPHEN J
STREET ADDRESS	717 BOYLSTON ST.
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCABE, GEORGE F JR.
STREET ADDRESS	2929 ALTA ST.
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D <input type="checkbox"/> DELETE
NAME	WISE, JOHN F
STREET ADDRESS	1100 MAIN ST.
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	D <input type="checkbox"/> DELETE
NAME	MATHEWS, DONALD W
STREET ADDRESS	7 HICKORY HEAD
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	D <input type="checkbox"/> DELETE
NAME	RAULERSON, STEVEN
STREET ADDRESS	1000 ALVEREZ AVE.
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 to this address.

SIGNATURE: *John F. Wise, Director* 1-9-97 (352) 753-6270

CR2E037 (9/96)