


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001183 (0)**  
 1. Corporation Name  
**ABUNDANT LIFE MINISTRIES, INC.**



Principal Place of Business <b>1000 ALVEREZ AVE. LADY LAKE FL 32159</b>	Mailing Address <b>1000 ALVEREZ AVE. LADY LAKE FL 32159</b>
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3. Date Incorporated or Qualified <b>02/29/1996</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-3375467</b>		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**WISE, JOHN F**  
**1100 MAIN STREET**  
**LADY LAKE FL 32159**

**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

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**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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 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.

SIGNATURE: *John F. Wise* **REQUIRED** 1-8-98 (352) 753-6270

CR2E037 (10/97)