

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90031 030 \*\*\*\*61.25

**DOCUMENT # N96000001183**

1. Entity Name  
**ABUNDANT LIFE MINISTRIES, INC.**

Principal Place of Business 1000 ALVEREZ AVE. LADY LAKE FL 32159	Mailing Address 1000 ALVEREZ AVE. LADY LAKE FL 32159-5700
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3375467</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WISE, JOHN F</b> <b>1100 MAIN STREET</b> <b>LADY LAKE FL 32159</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAKE, STEPHEN J</b>		NAME		
STREET ADDRESS	<b>717 BOYLSTON ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCABE, GEORGE F JR.</b>		NAME		
STREET ADDRESS	<b>2929 ALTA ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISE, JOHN F</b>		NAME		
STREET ADDRESS	<b>1100 MAIN ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHEWS, DONALD W</b>		NAME		
STREET ADDRESS	<b>1100 MAIN ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: John F. Wise **JOHN F. WISE** 3.13.00 (352) 753-6270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)