

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90165 039 ****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
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2. Principal Place of Business 1051 Main Street	3. Mailing Address 1100 Main Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State The Villages FL	City & State The Villages, FL
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Zip 32159	Country Lake	Zip 32159	Country Lake
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4. FEI Number 59-3375467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	1100 MAIN ST
CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 names empowered.

SIGNATURE: *John F. Wise*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. BON (352) 753-6270
 Date Daytime Phone #

CR2E037 (9/01)