

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

**APPROVED  
AND  
FILED**

1997 JUN 26 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002089401--9  
-02/17/97--01031--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # *N960000003552*  
1. Corporation Name  
*Abundant Life Outreach Ministries, Inc.*

Principal Place of Business Mailing Address  
*92 Washington St. St. Augustine  
Fla. 32095*

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<i>July 5, 1993</i>		
4.	FBI Number	Applied For	
	<i>59-3297253</i>		Not Applicable
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
*Laverne King  
80 Kings Ferry Way  
St. Augustine, Fla. 32094*

10. Name and Address of New Registered Agent

81	Name	<i>Carrie L. Stroman</i>
82	Street Address (P.O. Box Number is Not Acceptable)	<i>284 West King St.</i>
83		
84	City	<i>St. Augustine FL</i>
85	Zip Code	<i>32095</i>

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 *Carrie L. Stroman* DATE *June 22, 1997*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<i>Laverne King - D</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Laverne King - D</i>	
STREET ADDRESS	<i>80 Kings Ferry Way</i>	
CITY-ST-ZIP	<i>St. Augustine, Fla 32094</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	<i>Pastor Carrie L. Stroman - D</i>
13	STREET ADDRESS	<i>284 West King St.</i>
14	CITY-ST-ZIP	<i>St. Augustine, Fla 32095</i>
21	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22	NAME	<i>Deacon Vernon Stroman, Sr. - T</i>
23	STREET ADDRESS	<i>284 West King St.</i>
24	CITY-ST-ZIP	<i>St. Augustine, Fla. 32085</i>
31	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32	NAME	<i>Deacon David Brown - T</i>
33	STREET ADDRESS	<i>1005 5th Johns St.</i>
34	CITY-ST-ZIP	<i>St. Augustine, Fla. 32095</i>
41	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42	NAME	<i>Treasurer / Secretary Sylvia H. Lewis - T</i>
43	STREET ADDRESS	<i>500 Clay St.</i>
44	CITY-ST-ZIP	<i>St. Augustine, Fla. 32095</i>
51	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	<i>Trustee Laverne King - T</i>
53	STREET ADDRESS	<i>80 Kings Ferry Way</i>
54	CITY-ST-ZIP	<i>St. Augustine, Fla 32094</i>
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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, changed, or on an attachment with an address.

SIGNATURE: *Pastor Carrie L. Stroman* Date *6/24/97* (904) *829-3277*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)