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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N960000003552*  
**1. Corporation Name**  
*Abundant Life Outreach Ministries, Inc.*

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

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	<b>3. Date Incorporated or Qualified</b> <i>July 5, 1993</i> <b>3a. Date of Last Report</b> <b>4. FEI Number</b> <i>59-3297253</i> <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <i>Laverne King</i> <i>80 Kings Ferry Way</i> <i>St. Augustine, Fla. 32084</i>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <i>Carrie L. Stroman</i> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <i>284 West King St.</i> <b>83 City</b> <i>St. Augustine</i> <b>FL</b> <b>85 Zip Code</b> <i>32095</i>
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**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*

<b>12. OFFICERS AND DIRECTORS</b> <b>11 TITLE</b> <i>Laverne King - D</i> <input checked="" type="checkbox"/> DELETE <b>12 NAME</b> <i>80 Kings Ferry Way</i> <b>13 STREET ADDRESS</b> <i>St. Augustine, Fla 32084</i> <b>14 CITY - ST - ZIP</b> <b>21 TITLE</b> <input type="checkbox"/> DELETE <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY - ST - ZIP</b> <b>31 TITLE</b> <input type="checkbox"/> DELETE <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY - ST - ZIP</b> <b>41 TITLE</b> <input type="checkbox"/> DELETE <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY - ST - ZIP</b> <b>51 TITLE</b> <input checked="" type="checkbox"/> DELETE <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY - ST - ZIP</b> <b>61 TITLE</b> <input type="checkbox"/> DELETE <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY - ST - ZIP</b>	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11 TITLE</b> <i>Pastor</i> <b>12 NAME</b> <i>Carrie L. Stroman - D</i> <b>13 STREET ADDRESS</b> <i>284 West King St.</i> <b>14 CITY - ST - ZIP</b> <i>St. Augustine, Fla 32095</i> <b>21 TITLE</b> <i>Deacon</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>22 NAME</b> <i>Vernon Stroman, Sr. - T</i> <b>23 STREET ADDRESS</b> <i>284 West King St.</i> <b>24 CITY - ST - ZIP</b> <i>St. Augustine, Fla. 32085</i> <b>31 TITLE</b> <i>Deacon</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32 NAME</b> <i>David Brown - T</i> <b>33 STREET ADDRESS</b> <i>1005 St Johns St.</i> <b>34 CITY - ST - ZIP</b> <i>St. Augustine, Fla. 32095</i> <b>41 TITLE</b> <i>Treasurer / Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>42 NAME</b> <i>Sylvia H. Lewis - T</i> <b>43 STREET ADDRESS</b> <i>500 Clay St.</i> <b>44 CITY - ST - ZIP</b> <i>St. Augustine, Fla. 32095</i> <b>51 TITLE</b> <i>Trustee</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>52 NAME</b> <i>Laverne King - T</i> <b>53 STREET ADDRESS</b> <i>80 Kings Ferry Way</i> <b>54 CITY - ST - ZIP</b> <i>St. Augustine, Fla 32084</i> <b>61 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY - ST - ZIP</b>
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**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 with an address.**

**SIGNATURE:** *Pastor Carrie L. Stroman* **DATE** *6/24/97* **Daytime Phone #** *(904) 829-3277*

CR2E037 (9/96)