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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003552 (4)**

1. Corporation Name

ABUNDANT LIFE OUTREACH MINISTRIES INC.

Principal Place of Business

92 WASHINGTON ST.
ST. AUGUSTINE FL 32095

Mailing Address

92 WASHINGTON ST.
ST. AUGUSTINE FL 32095

2. Principal Place of Business

21 92 Washington St.

2a. Mailing Address

26 92 Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Augustine, FL

City & State

28 St. Augustine, FL

Zip

24 32095

Country

25 St. Johns

Zip

29 32095

Country

30 St. Johns

9. Name and Address of Current Registered Agent

STROMAN, CARRIE L
284 WEST KING ST
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified

07/05/1996

4. FEI Number

59-3297253

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

Pastor Carrie L. Stroman Pastor Carrie L. Stroman 1/6/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STROMAN, CARRIE L
STREET ADDRESS 284 WEST KING ST
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME TD
STROMAN, VERNON SR.
STREET ADDRESS 284 WEST KING ST
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME TD
BROWN, DAVID
STREET ADDRESS 1005 ST. JOHNS ST
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME ST
LEWIS, SYLVIA H
STREET ADDRESS 500 CLAY ST
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☐ DELETE

NAME T
KING, LAVERNE
STREET ADDRESS 80 KINGSFERRY WAY
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Pastor Carrie L. Stroman

Date

Daytime Phone # 000-0000

CR2E037 (10/97)