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**May 08, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000003552**

1. Corporation Name

**ABUNDANT LIFE OUTREACH MINISTRIES INC.**

Principal Place of Business

92 WASHINGTON ST  
ST. AUGUSTINE FL 32095  
US

Mailing Address

92 WASHINGTON ST.  
ST. AUGUSTINE FL 32095



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

STROMAN, CARRIE L  
284 WEST KING ST  
ST. AUGUSTINE FL 32095

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE TD ☒ DELETE

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

TITLE ST ☒ DELETE

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

TITLE T ☒ DELETE

NAME 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 PD ☐ Change ☐ Addition

1.2 NAME Stroman, Carrie L.  
1.3 STREET ADDRESS 284 West King St  
1.4 CITY-ST-ZIP St. Augustine, FL. 32095

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 Robert Murray  
3.3 STREET ADDRESS 139 Stewart Street  
3.4 CITY-ST-ZIP St. Augustine, FL. 32095

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Wanda Barger  
4.3 STREET ADDRESS 1048 West 15th St.  
4.4 CITY-ST-ZIP St. Augustine, FL. 32095

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Tina White  
5.3 STREET ADDRESS 1600 Northwood Drive  
5.4 CITY-ST-ZIP St. Augustine, FL 32095

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (904) 808-0607

CR2E037 (1/98)