2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2004 8:00 am
Secretary of State

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03202003 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000003552

1. Entity Name
ABUNDANT LIFE OUTREACH MINISTRIES INC.

Principal Place of Business
284 WEST KING STREET
ST. AUGUSTINE, FL 32084 US

Mailing Address
284 WEST KING STREET
ST. AUGUSTINE, FL 32084 US

2. Principal Place of Business: 2730 U S 1 South Ste F
Suite, Apt. #, etc.: F Suite
City & State: St. Augustine FL
Zip: 32086 Country: U.S.

3. Mailing Address: P. O. Box 2049
Suite, Apt. #, etc.:
City & State: St. Augustine, FL
Zip: 32085 Country: U.S.

4. FEI Number: 59-3297253 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STROMAN, CARRIE L
284 WEST KING STREET
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
Name: Carrie L. Stroman
Street Address (P.O. Box Number is Not Acceptable): 650 W Pope Rd Apt 218
City: St. Augustine FL Zip Code: 32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carrie L. Stroman — 5/26/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	STROMAN, CARRIE L	
STREET ADDRESS	284 WEST KING ST	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	PD	☐ Delete
NAME	STROMAN, VERNON T SR.	
STREET ADDRESS	284 WEST KING ST	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	S	☐ Delete
NAME	EDWARDS, DEBBIE	
STREET ADDRESS	205 GUNBY CIRCLE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	TD	☐ Delete
NAME	BARGEMAN, WANDA	
STREET ADDRESS	1088 W. 15TH STREET	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	T	☐ Delete
NAME	MURRAY, ROBERT T	
STREET ADDRESS	10 ELKTON LANE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	T	☐ Delete
NAME	EARLY, SHERENA	
STREET ADDRESS	17 FERVY PLACE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☑ Change ☐ Addition
NAME	Robert Boone	
STREET ADDRESS	7418 CR 208	
CITY-ST-ZIP	St. Augustine, FL 32095	

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 like empowered.

SIGNATURE: Carrie L. Stroman — 5/26/04 — (904) 797-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #