2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State
06-04-2004 90001 010 ****87.50

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1. Entity Name
ABUNDANT LIFE OUTREACH MINISTRIES INC.

54056641

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

03202003 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2730 U S 1 South Ste F	P. O. Box 2049
Suite, Apt. #, etc. F Suite	Suite, Apt. #, etc.
City & State St. Augustine FL	City & State St. Augustine, FL
Zip / Country 32086 / U. S.	Zip / Country 32085 / 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	7. Name and Address of New Registered Agent
STROMAN, CARRIE L 284 WEST KING STREET ST. AUGUSTINE, FL 32084	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STROMAN, CARRIE L 284 WEST KING ST ST. AUGUSTINE, FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STROMAN, VERNON T SR. 284 WEST KING ST ST. AUGUSTINE, FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EDWARDS, DEBBIE 205 GUNBY CIRCLE SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARGEMAN, WANDA 1088 W. 15TH STREET ST. AUGUSTINE, FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURRAY, ROBERT T 10 ELKTON LANE SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EARLY, SHERENA 17 FERVY PLACE ST. AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Boone 7418 CR 208 St. Augustine, FL 32095	☑ Change ☐ Addition

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 #