2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State
09-02-2005 90011 010 ****70.00

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1. Entity Name
ABUNDANT LIFE OUTREACH MINISTRIES INC.

50064541

Principal Place of Business	Mailing Address
2730 US 1 SOUTH STE F F STE SAINT AUGUSTINE, FL 32086 US	P.O. BOX 2049 SAINT AUGUSTINE, FL 32085 US

08272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
305 Whispering wood Ln	305 Whisperingwood Ln
Suite, Apt. #, etc.: #16	Suite, Apt. #, etc.: #16
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: St. Johns	Zip: 32084 Country: St. Johns

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 650 W POPE RD APT 218 SAINT AUGUSTINE, FL 32080	Name: Carrie L. Stroman Street Address (P.O. Box Number is Not Acceptable): 305 Whisperingwood Ln #16 City: St. Augustine FL Zip Code: 32084

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 _____
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 7, 2005

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 BOONE, ROBERT 7418 CR 208 SAINT AUGUSTINE, FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 S Stroman 8/26/2005 (904) 826-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #