

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90053 033 ****70.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

01/10/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **STROMAN, VERNON T SR.**
STREET ADDRESS **284 WEST KING ST**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **STROMAN, SABRINA**
STREET ADDRESS **284 WEST KING STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **S** ☒ Change ☐ Addition
NAME **Edwards, Debbie**
STREET ADDRESS **205 Gunby Circle**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **TD** ☐ Delete
NAME **BARGEMAN, WANDA**
STREET ADDRESS **1088 W. 15TH STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **EARLY, CEDRIC**
STREET ADDRESS **17 FERVY PLACE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **T** ☒ Change ☐ Addition
NAME **Robert Murray**
STREET ADDRESS **10 Elkton Lane**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **T** ☐ Delete
NAME **EARLY, SHERENA**
STREET ADDRESS **17 FERVY PLACE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Wanda Bargeman* **Wanda Bargeman** *01/10/03 904-829-0858*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)