

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004933

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** ABUNDANT LIFE FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

3126 NATOMA WAY  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 677801  
ORLANDO, FL 32867 US

**New Mailing Address:**

15236 E. COLONIAL DRIVE  
ORLANDO, FL 32826 US

**FEI Number:** 42-1621847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SABEDRA, DECARLO ELDER  
3126 NATOMA WAY  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ELD. DECARLO SABEDRA, , SR.  
Address: 3126 NATOMA WAY  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: SABEDRA, MARION  
Address: 3126 NATOMA WAY  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: SABEDRA, MARLENE  
Address: 2005 SCHOHARIE COURT  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: HANSON, ROSE  
Address: 2005 SCHOHARIE COURT  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: PATTERSON, ROSE  
Address: 9850 RIVER PINES COURT  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELDER DECARLO SABEDRA,SR.

D

04/10/2006

Electronic Signature of Signing Officer or Director

Date