

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004985

1. Entity Name

ABUNDANT HARVEST CHURCH, INC.

Principal Place of Business

4220 ORLANDO DR
SUITE 20
SANFORD FL 32773
US

Mailing Address

PO BOX 2950
SANFORD FL 32772-2950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, DYCUS & CO., P.A.
% ROGER D. BOWEN
205 NORTH ELM AVE.
SANDFORD FL 32771

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GORDON, WILBERT
STREET ADDRESS 1120 FLORIDA AVE. #207
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE P D
NAME Wilbert Gordon
STREET ADDRESS 4220 Orlando Dr #20
CITY-ST-ZIP Sanford, FL 32773 ☐ Change ☐ Addition

TITLE SD
NAME TROUTMAN, KIMBERLY
STREET ADDRESS 1205 SCOTT AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE TD
NAME TROUTMAN, KENNETH
STREET ADDRESS 1205 SCOTT AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE TD
NAME YOUNG, RONNELLE
STREET ADDRESS 1057 WEAVER DRIVE
CITY-ST-ZIP OVEIDO FL 32765-7028 ☒ Delete

TITLE Vice
NAME Carolyn Gordon
STREET ADDRESS 4220 Orlando Dr #20
CITY-ST-ZIP Sanford, FL 32773 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Wilbert A. Gordon* (Pastor)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 2000 (407) 324-1603
Date Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90047 048 ****69.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3406731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (9/99)