


**• 2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004985</b> 1. Entity Name <b>ABUNDANT HARVEST CHURCH, INC.</b>	
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Principal Place of Business <b>ABUNDANT HARVEST CHURCH INC 109 W 27TH STREET SANFORD, FL 32773 US</b>	Mailing Address <b>PO BOX 2950 SANFORD, FL 32773 US</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3406731</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000757260 05/23/07-80063-021 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>GORDON, WILBERT JR.</b>
STREET ADDRESS <b>1703 WEST 3RD STREET</b>	CITY-ST-ZIP <b>SANFORD, FL 327711777</b>
TITLE <b>V</b>	NAME <b>GORDON, CAROLYN</b>
STREET ADDRESS <b>1703 WEST 3RD STREET</b>	CITY-ST-ZIP <b>SANFORD, FL 327711777</b>
TITLE <b>SD</b>	NAME <b>GORDON, TARVIS</b>
STREET ADDRESS <b>1703 WEST 3RD STREET</b>	CITY-ST-ZIP <b>SANFORD, FL 327711777</b>
TITLE <b>TD</b>	NAME <b>GORDON, WILBERT III</b>
STREET ADDRESS <b>1703 WEST 3RD STREET</b>	CITY-ST-ZIP <b>SANFORD, FL 327711777</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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 Jr.* **Wilbert A. Gordon Jr** Pastor **04-30-07 407.324-1603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #