

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001063

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** ABUNDANT LIFE MINISTRIES OF DAYTONA BEACH, INC.

**Current Principal Place of Business:**

920 BEVILLE ROAD  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

949 BEVILLE ROAD  
BUILDING D-1  
SOUTH DAYTONA, FL 32114 US

**Current Mailing Address:**

1500 BEVILLE ROAD  
SUITE 606-320  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-3434037      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TRIPLETT, MARCUS J  
1500 BEVILLE ROAD  
SUITE 606-320  
DAYTONA BEACH, FL 32114 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: P/D ( ) Delete  
Name: TRIPLETT, MARCUS J  
Address: 920 BEVILLE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPDS ( ) Delete  
Name: TRIPLETT, JANETTE K  
Address: 932 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete  
Name: GIORGIS, ADRIANO J  
Address: 910 BEVILLE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: D/S (X) Change ( ) Addition  
Name: TRIPLETT, JANETTE K  
Address: 932 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP/D (X) Change ( ) Addition  
Name: TRIPLETT, JOSHUA M  
Address: 817 KOKOMO CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D ( ) Change (X) Addition  
Name: SALAZAR, MICHAEL G  
Address: 1504 VIRGINIA AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify 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: MARCUS TRIPLETT

P/D

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date