

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002427 (9)**

1. Corporation Name

ABUNDANT LIFE ACADEMY OF LEARNING, INC.



Principal Place of Business 910 BEVILLE RD. DAYTONA BEACH FL 32114	Mailing Address 910 BEVILLE RD. DAYTONA BEACH FL 32114
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/28/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3447221	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLEIN, THEODORE J 16855 NE 2 AVE., STE. 301 N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent 81 Name STEPHEN E. Johnson 82 Street Address (P.O. Box Number is Not Acceptable) Abundant Life Academy of Learning 83 910 Beville Rd 84 City Daytona Beach FL 85 Zip Code 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Registered Agent** **3/28/98**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	marcus J. Triplett
STREET ADDRESS		1.3 STREET ADDRESS	910 Beville Rd
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Sec/Treas/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Stephen E. Johnson
STREET ADDRESS		2.3 STREET ADDRESS	910 Beville Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Christopher Goins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	910 Beville Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	David Sharp
STREET ADDRESS		4.3 STREET ADDRESS	910 Beville Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/28/98** **904-756-1900**

CR2E037 (10/97)