

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002427

1. Entity Name

ABUNDANT LIFE ACADEMY OF LEARNING, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90141 008 ****61.25

Principal Place of Business

Mailing Address

910 BEVILLE RD.
DAYTONA BEACH FL 32114

910 BEVILLE RD.
DAYTONA BEACH FL 32114-5853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3447221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, STEPHEN E
910 BEVILLE RD
DAYTONA BEACH FL 32114

Name MARCUS J. TRIPLETT

Street Address (P.O. Box Number is Not Acceptable)

910 Beville Road

City Daytona Beach

FL

Zip Code 32114

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRIPLETT, MARCUS	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN E	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOINS, CHRISTOPHER	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, CHRISTOPHER	
STREET ADDRESS	910 Beville Road	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANETTE K. TRIPLETT	
STREET ADDRESS	910 Beville Road	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

by SIGNATURE H. MARCUS J. TRIPLETT, Pres.

Date

Daytime Phone #

CR2E037 (9/99)