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FILED
Jun 27, 2001 8:00 am
Secretary of State

05-31-2001 90004 038 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002427

1. Entity 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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPLETT, MARCUS J
910 BEVILLE RD
DAYTONA BEACH FL 32114

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 of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TRIPLETT, MARCUS	Director
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	STD	☒ Delete
NAME	JOHNSON, STEPHEN E	
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	D	☐ Delete
NAME	GOINS, CHRISTOPHER	Director
STREET ADDRESS	910 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE	Vice President	☐ Change ☒ Addition
NAME	Joseph Triplett	Director
STREET ADDRESS	910 Beville Road	
CITY-ST-ZIP	Daytona Beach FL 32114	

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

TITLE		☐ Change ☐ 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 at 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: Marcus Triplett President, Marcus Triplett

5-1-01 356-257-5433

Debbie Phone 2