

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002468

FILED
Mar 22, 2006
Secretary of State

Entity Name: ABUNDANCE OF CHRIST MINISTRY, CORP.

Current Principal Place of Business:

2467 S LANE AVE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:
2467 S LANE AVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3443445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKIBBEN, DON C
C/O 2467 S LANE AVE
JACKSONVILLE, FL 32210 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: PCD () Delete
Name: BROOKS, GLEN E
Address: 1514 FALKLAND ROAD E.
City-St-Zip: JACKSONVILLE, FL 32221

Title: VCD () Delete
Name: MCKIBBEN, DON C
Address: 1630 LINARES WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD () Delete
Name: MCKIBBEN, KATRINA N
Address: 1630 LINARES WAY
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: BROOKS, VERONICA M
Address: 1514 FALKLAND ROAD E.
City-St-Zip: JACKSONVILLE, FL 32221

Title: M () Delete
Name: WRIGHT, JOYCE
Address: 2045 JAMMES ROAD, APT 266
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: HIGGINS, RON
Address: 6735 HARLOW BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: M (X) Change () Addition
Name: JONES, KIMBERLY
Address: 3030 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

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

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: DON C MCKIBBEN

VCD

03/22/2006

Electronic Signature of Signing Officer or Director

Date