

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002468

FILED
May 22, 2008
Secretary of State

Entity Name: ABUNDANCE OF CHRIST MINISTRY, CORP.

Current Principal Place of Business:

400 CAHOON RD
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

400 CAHOON RD
JACKSONVILLE, FL 32220 US

New Mailing Address:

FEI Number: 59-3443445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCKIBBEN, DON C
C/O 400 CAHOON RD
JACKSONVILLE, FL 32220 US

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: D (X) Delete
Name: JONES, KIMBERLY
Address: 3030 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: HARRIS, KEVIN D
Address: 1751 CHATHAM VILLAGE DR
City-St-Zip: ORANGE PARK, FL 32003 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SIMMONS, COREY J
Address: 5565 CONNIE JEAN RD APT 28
City-St-Zip: JACKSONVILLE, FL 32222

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

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

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 MCKIBBEN

VCD

05/22/2008

Electronic Signature of Signing Officer or Director

Date