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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002696

1. Corporation Name
LIFE ABUNDANT MINISTRIES, INC.

Principal Place of Business	Mailing Address
18909 SOUTHEAST RED APPLE LANE JUPITER FL 33458	P.O. BOX 0851 JUPITER FL 33468

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0752654 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~AMERILAWYER CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: Norm Curington
82 Street Address (P.O. Box Number is Not Acceptable)
83: 18909 S.E. Red Apple Lane
84 City: Jupiter FL 85 Zip Code: 33458

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~GUFFINGTON, NORM W~~	1.2 NAME	Curington, Norm W. (name misspelled)
STREET ADDRESS	18909 SOUTHEAST RED APPLE LANE	1.3 STREET ADDRESS	18909 S.E. Red Apple Lane
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	VD ☒ DELETE	2.1 TITLE	~~VD~~ STD ☐ Change ☐ Addition
NAME	ELLARD, MARK	2.2 NAME	Berg, Kathie
STREET ADDRESS	18909 SOUTHEAST RED APPLE LANE	2.3 STREET ADDRESS	208 Hampton Place
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	STD ☒ DELETE	3.1 TITLE	~~STD~~ VD ☐ Change ☐ Addition
NAME	KEATHLEY, KAREN T	3.2 NAME	Cullom, Laverna
STREET ADDRESS	18909 SOUTHEAST RED APPLE LANE	3.3 STREET ADDRESS	2247 Palm Bch Lks Blvd, Suite 104
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	West Palm Bch, FL 33409
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Curington 4/19/99 561-748-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)