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AND  
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102

98 OCT 22 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007014 (0)

1. Corporation Name

ABUNDANT LIFE & RESTORATION MINISTRIES CHURCH OF  
GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

2635 S ADAMS ST  
TALLAHASSEE FL 32310

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TALLAHASSEE FL 32310

3. Date Incorporated or Qualified  
12/17/1997

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2635 S. Adams Street

26 2635 S. Adams Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tallahassee, Florida

28 Tallahassee, FL

24 Zip

25 Country

29 Zip

30 Country

32310

Leon

32310

Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, ALVIN D JR  
2306 BRYNMAHR DRIVE  
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE

NAME Alvin D. Stewart, Jr.  
STREET ADDRESS 2306 Brynmahr Drive  
CITY-ST-ZIP Tallahassee, FL. 32303

TITLE Treasurer ☐ DELETE

NAME Jeffrey Carres  
STREET ADDRESS 1724 N. Mission Rd. A  
CITY-ST-ZIP Tallahassee, FL. 32303

TITLE Sec. ☐ DELETE

NAME Sherry Marson  
STREET ADDRESS 1730-C N. Mission Rd  
CITY-ST-ZIP Tallahassee, FL. 32303

TITLE Member ☐ DELETE

NAME Lisa A. Stewart  
STREET ADDRESS 2306 Brynmahr Dr.  
CITY-ST-ZIP Tallahassee, FL. 32303

TITLE Member ☐ DELETE

NAME Anthony Richardson  
STREET ADDRESS 1515 Paul Russell Rd #88  
CITY-ST-ZIP Tallahassee, FL. 32301

TITLE Member ☐ DELETE

NAME Candice Footman  
STREET ADDRESS 210 Dixie Dr. Apt H-1  
CITY-ST-ZIP Tallahassee, FL. 32304

1.1 TITLE Member ☐ Change ☒ Addition

1.2 NAME Joseph Davis  
1.3 STREET ADDRESS 3713-D Rockbrook Drive  
1.4 CITY-ST-ZIP Tallahassee, FL 32311

2.1 TITLE Member ☐ Change ☒ Addition

2.2 NAME Lawrence Samson  
2.3 STREET ADDRESS 446 Conradi St. # A-201  
2.4 CITY-ST-ZIP Tallahassee, FL. 32304

3.1 TITLE Member ☐ Change ☒ Addition

3.2 NAME Robin Davis  
3.3 STREET ADDRESS 3713-D Rockbrook Drive  
3.4 CITY-ST-ZIP Tallahassee, FL. 32311

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 400002671464--8  
4.3 STREET ADDRESS -10/23/98--01078--004  
4.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

5/10/98

CR2E037 (10/97)

10/20/98 2082

To: Sec. of State

From: Pastor Stewart

Abundant Life & Restoration

We regret we was unable to  
file our papers on time. It was  
due to the papers being mis placed.  
When it was initial filed - all  
persons listed are BOD.

Please assist us in correcting this  
honest mistake.

I thank you.