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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000007014

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	2635 S ADAMS ST TALLAHASSEE FL 32310

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-9385600 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEWART, ALVIN D JR
2306 BRYNMAHR DRIVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 Alvin D. Stewart, Jr. President DATE 3/31/99
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	D	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	STEWART, ALVIN D JR.		1.2 NAME	Candice Footman	
STREET ADDRESS	2306 BRYNMAHR DR.		1.3 STREET ADDRESS	210 Dixie Drive, Apt. H-1	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	☐ DELETE	2.1 TITLE	MD	☐ Change ☒ Addition
NAME	CAINES, JEFFREY		2.2 NAME	Claretha Billingslea	
STREET ADDRESS	1724 N. MISION RD. A		2.3 STREET ADDRESS	1515 Paul Russell Rd. #88	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	~~Tallahassee, FL 32301~~	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	MARSON, SHERRY		3.2 NAME	Annie Battles	
STREET ADDRESS	1730-C N. MISSION RD.		3.3 STREET ADDRESS	514 Shephard Street	
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	~~Tallahassee, FL 32303~~	
TITLE	MD	☐ DELETE	4.1 TITLE	MD	☐ Change ☒ Addition
NAME	STEWART, LISA A		4.2 NAME	Retia Walker	
STREET ADDRESS	2306 BRYNMAHR DR.		4.3 STREET ADDRESS	802 Shannon Street, Tallahassee 323	
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP		
TITLE	MD	☒ DELETE	5.1 TITLE	MD	☐ Change ☒ Addition
NAME	RICHARDSON, ANTHONY		5.2 NAME	George Toomes, III	
STREET ADDRESS	1515 PAUL RUSSELL RD. #88		5.3 STREET ADDRESS	320 Fairfield AV.	
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP	~~Tallahassee, FL 32311~~	
TITLE	MD	☐ DELETE	6.1 TITLE	MD	☐ Change ☒ Addition
NAME	FOOTMAN, CANDICE		6.2 NAME	Joseph Davis,Jr.	
STREET ADDRESS	210 DIXIE DR. APT. H-1		6.3 STREET ADDRESS	3713-D Rockbrook Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32304		6.4 CITY-ST-ZIP	~~Tallahassee, FL 32311~~	

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 4/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)