

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007014

1. Entity Name

ABUNDANT LIFE & RESTORATION MINISTRIES CHURCH OF

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90090 023 ****61.25

Principal Place of Business

1609 BRANCH STREET
TALLAHASSEE FL 32303

Mailing Address

1609 BRANCH STREET
TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-9385600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, ALVIN D JR
2306 BRYNMAHR DRIVE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, ALVIN D JR.	
STREET ADDRESS	2306 BRYNMAHR DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAINES, JEFFREY	
STREET ADDRESS	1724 N. MISION RD. A	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MD	<input type="checkbox"/> Delete
NAME	BILLINGSLEA, CLARETHA	
STREET ADDRESS	1515 PAUL RUSSELL ROAD, #88	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	MD	<input type="checkbox"/> Delete
NAME	STEWART, LISA A	
STREET ADDRESS	2306 BRYNMAHR DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BATTLES, ANNIE	
STREET ADDRESS	514 SHEPHARD STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOOTMAN, CANDICE	
STREET ADDRESS	210 DIXIE DR. APT. H-1	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1822 Newman Lane	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/00 (850) 561-8901

CR2E037 (5/00)