

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N97000007014**

1. Entity Name

**ABUNDANT LIFE & RESTORATION MINISTRIES CHURCH OF**

*R*

Principal Place of Business

Mailing Address

1609 BRANCH STREET  
 TALLAHASSEE FL 32303

1609 BRANCH STREET  
 TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-9385600**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, ALVIN D JR**  
**2306 BRYNMAHR DRIVE**  
**TALLAHASSEE FL 32303**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **STEWART, ALVIN D JR.**  
 STREET ADDRESS **2306 BRYNMAHR DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **CAINES, JEFFREY**  
 STREET ADDRESS **1724 N. MISION RD. A**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1822 Newman Lane**  
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **MD**  Delete  
 NAME **BILLINGSLEA, CLARETHA**  
 STREET ADDRESS **1515 PAUL RUSSELL ROAD, #88**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MD**  Delete  
 NAME **STEWART, LISA A**  
 STREET ADDRESS **2306 BRYNMAHR DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BATTLES, ANNIE**  
 STREET ADDRESS **514 SHEPHARD STREET**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **FOOTMAN, CANDICE**  
 STREET ADDRESS **210 DIXIE DR. APT. H-1**  
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE  Change  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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/00 (850)561-8901

CR2E037 (5/00)