

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90399 044 \*\*\*\*61.25

**DOCUMENT # N97000007014**

1. Entity Name

**ABUNDANT LIFE & RESTORATION MINISTRIES CHURCH OF**

Principal Place of Business

**1609 BRANCH STREET  
TALLAHASSEE FL 32303**

Mailing Address

**1609 BRANCH STREET  
TALLAHASSEE FL 32303**

2. Principal Place of Business

**1609 Branch Street**  
Suite, Apt. #, etc.

3. Mailing Address

**1609 Branch Street**  
Suite, Apt. #, etc.

City & State

**Tallahassee, FL 32303**

Zip

Country

**32303**

City & State

**Tallahassee, FL**

Zip

Country

**32303**

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 **Stewart, Alvin D. Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**2306 Brynmahr Drive**  
City **Tallahassee** FL Zip Code **32303**

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**

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 | 1822 NEWMAN LANE            |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312        |                                 |
| 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 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    |   |
| 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 REQUIRED**

**5/2/01**

CR2E037 (10/00)