

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 006 ****70.00

DOCUMENT # N97000007014

1. Entity Name
**ABUNDANT LIFE & RESTORATION MINISTRIES
INTERNATIONAL, INC.**



Principal Place of Business
**1609 BRANCH STREET
TALLAHASSEE, FL 32303**

Mailing Address
**1609 BRANCH STREET
TALLAHASSEE, FL 32303**



2. Principal Place of Business
2720 Blairstone Rd.

3. Mailing Address
P.O. Box 5318

Suite, Apt. #, etc.
Building C

Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State
Tallahassee, FL.

City & State
Tallahassee, FL.

4. FEI Number
59-3385600

Applied For
Not Applicable

Zip
32301

Country

Zip
32314-5318

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, ALVIN D JR., DR 2306 BRYNMAHR DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, CANDICE 6613 REIGH COUNT TRAIL TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAINES, JEFFREY 1822 NEWMAN LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STEWART, LISA 2306 BRYNMAHR DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EARST, SHERRY 3024 HUNTINGTON WOOD BLVD. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SAMSON, LIOANNE 2131 N. MERIDIAN RD., #141 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alvin D. Stewart, Jr. 1/27/04 (850) 561-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #