

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90188 037 ****74.38

DOCUMENT # N97000007014					
1. Entity Name ABUNDANT LIFE & RESTORATION MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 2720 BLAIRSTONE RD BUILDING C TALLAHASSEE, FL 32301			Mailing Address P.O. BOX 5318 TALLAHASSEE, FL 32314-5318		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3385600	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, ALVIN D JR 2720 BLAIRSTONE ROAD STE. C TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: <u>Alvin D. Stewart, Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2720 Blairstone Road</u> Suite: <u>C</u> City: <u>Tallahassee</u> FL <u>32301</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Alvin D. Stewart, Jr., CEO</u> DATE: <u>4/24/07</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 2306 BRYNMAR DR. TALLAHASSEE, 32 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Arthur Hooks 3645 Estate Road Tallahassee, FL 32305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	MD Lillian Jack 3107 Camelliawood Circle W Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMSON, LIOANNE 2306 BRYNMAR DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Larry Thomas 141 Mine Road Midway, FL 32343	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STEWART, LISA 2306 BRYNMAR DR. 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	SD OTWAY, HEIDI 6011 LOVE RIDGE DRIVE TALLAHASSEE, FL 32312	<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	MD HOWARD-LEWIS, ANNETTE 5295 WATER VALLEY DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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 in an agreement with an address, with all other like empowered.					
SIGNATURE			Alvin D. Stewart, Jr. 4/24/07 (850) 561-8901		