

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006161

DOCUMENT # N97000007014

1. Entity Name

ABUNDANT LIFE & RESTORATION MINISTRIES CHURCH OF  
GOD IN CHRIST, INC.

International



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 13 AM 11:26

Principal Place of Business

1609 BRANCH STREET  
TALLAHASSEE FL 32303

Mailing Address

1609 BRANCH STREET  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 05-9385600

05-9385600

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

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

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

TITLE VP  
NAME WILSON, CANDICE  
STREET ADDRESS 6613 REIGH COUNT TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE TD  
NAME CAINES, JEFFREY  
STREET ADDRESS 1822 NEWMAN LANE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE MD  
NAME STEWART, LISA  
STREET ADDRESS 2306 BRYNMAR DR.  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE SD  
NAME EARST, SHERRY  
STREET ADDRESS 3024 HUNTINGTON WOOD BLVD.  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE MD  
NAME SAMSON, LIOANNE  
STREET ADDRESS 2131 N. MERIDIAN RD., #141  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 700019085357  
STREET ADDRESS 05/15/03--01058--003 \*\*70.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

CR2E037 (10/02)