CR2E037

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000007025 (6)

ABUNDANT NEW-LIFE MINISTRIES CHURCH, INCORPORATE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED "

98 NOV -2 AM 9:30

D Principal Place of Business Mailing Address 365 NE 191 STREET STE 204 P O BOX 67-0023 3. Date incorporated or Qualified NO MIAMI FL 33179 CORAL SPRINGS FL 33067-0023 12/17/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 1525 S.W. 111th Av. P.O.Box 260037 Fee Required 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Ste 9206 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes XX No Pembroke Pines, FL Pembroke Pines, FL. Country 8. This corporation owes or has paid the current year Intangible Zio Country 29 33026-0037 Ü.S.A. 33025 25 U.S.A. Yes Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 McQueen, Jerald MCQUEEN, JERALD Street Address (P.O. Box Number is Not Acceptable) 1525 S.W. 111th Av. Ste. 9206 82 365 NE 191 STREET STE 204 83 NO MIAMI FL 33179 33025 <u>Pembroke Pines, Florida</u> 84 City 85 Pembroke Pines 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statutes. 9 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE DELETE MCQUEEN, JAMILLE 1.2 NAME NAME 365 NE 191 STREET STE 204 1.3 STREET ADDRESS STREET ADDRESS NO MIAMI FL 33179 1.4 CiTY-ST-ZiP CITY-ST-ZIP TITLE 2.1 TITLE ALICE SIMMONS-WARREN DELETE Change Addition NAME 2.2 NAME 3940 N.W. 83 LANE 2.3 STREET ADDRESS STREET ADDRESS ORAL SPRINGS, FL 33065 2.4 CITY-ST-ZIP TREASURER COUNSELOR Change Addition
McQueen GARY B
1525 SW 111th AV. 576, 9-206 CITY-ST-ZIP TITLE DELETE 3.1 TITLE GARY MCQUEEN 1825 S.W. IIIH AV 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL PEMBROKE PINES, EL 33025 33025 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition 100002681441 4.2 NAME NAME -11/05/98--01083--007 *****70.00 *****70.0 4.3 STREET ADDRESS STREET ADDRESS ******70.00 4.4 CITY-ST-ZIP CITY-ST-ZIP TILE 5.1 TITLE DELETE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE DELETE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 847. Florida Statutes, 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 847. Florida Statutes, and the limit that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 847. Florida Statutes, and the limit that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 847. Florida Statutes, 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 847. Florida Statutes, and that my name appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerald McQueen, Pastor/Founder SIGNATURE AND TYPED OR PRINTED NAME OF SIGN