

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

DOCUMENT # N98000001211		
1. Entity Name ABUNDANT LIFE FELLOWSHIP OF THE PALM BEACHES, INC.		
Principal Place of Business 428 NW 4TH AVE BOYNTON BEACH, FL 33435		Mailing Address 428 NW 4TH AVE BOYNTON BEACH, FL 33435
2. Principal Place of Business 3915 N. Haverhill Rd Suite, Apt. #, etc. Suite 121 City & State West Palm Beach, FL Zip 33417 County Palm beach		3. Mailing Address 3915 N. Haverhill Rd Suite, Apt. #, etc. Suite 121 City & State West Palm Beach, FL Zip 33417 County Palm Beach
4. FEI Number 65-0815991		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KERR-WARD, ZENORA 6725 CORPORATE WAY STE. 206 WEST PALM BEACH, FL 33407		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's signature required when retaining) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KEARNEY, TERRANCE 428 NW 4TH AVE BOYNTON BEACH, FL 33435 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICHE, JODIA 4209 WAVERLY DRIVE WEST PALM BEACH, FL 33407 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS BRADLEY, BERNICE 2104 N.E. 1ST COURT BOYNTON BEACH, FL 33435 ☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS THOMAS, VERONICA 390 WOODBINE WAY, #301 PALM BEACH GARDENS, FL 33418 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WARE, JOHN 821 NW 4TH ST BOYNTON BEACH, FL 33435 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u>Veronica Thomas</u> 4-21-03 561-686-3337 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #		

11034192



☒ CHECK HERE IF MAKING CHANGES

CR2EC37 (10/02)