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

[redacted]
03-07-2005 90282 004 ***246.00
N98000005511

FILED
05 MAR -9 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005511

1. Entity Name
Abundant Faith Apostolic Believers community church, Inc

DO NOT WRITE IN THIS SPACE

50023247

DO NOT WRITE IN THIS SPACE 04-05

2. Principal Place of Business	3. Mailing Address
8109 N. Nebraska Ave	PO Box 8183
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fla	City & State: Tampa Florida
Zip: 33604 Country: Hillsbro	Zip: 33674-8183 Country: Hillsbro

4. FEI Number: 59-3532477 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nathaniel Williams

Street Address (P.O. Box Number is Not Acceptable): 7904 N. Mulberry ST

City: Tampa FL Zip Code: 33604

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: Nathaniel Williams — OCT 19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	pastor Paesident Nathaniel Williams 8109 N. Nebraska Ave Tampa, Fla 33604	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700042364627 11/01/04--01076--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	pastor vicepresident Brenda Williams 8109 n. nebraska Ave Tampa, Fla 33604	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NOT A TREASURER 04-05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nathaniel Williams — Oct 19-04 — (813) 245-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #