

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 012 ****61.25

DOCUMENT # N98000005511

1. Entity Name

**ABUNDANT FAITH APOSTOLIC BELIEVERS COMMUNITY
CHURCH, INC.**



Principal Place of Business

**8109 N. NEBARSKA AVE
TAMPA FL 33604**

Mailing Address

**P.O. BOX 8183
TAMPA FL 33674-8183**

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

59-3532477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILLIAMS, NATHANIEL - PASTOR
7904 N. MULBERRY ST
TAMPA FL 33604~~

Name

Nathaniel Williams

Street Address (P.O. Box Number is Not Acceptable)

8109 N. Nebraska Ave

Tampa

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

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
Due By May 1, 2008**

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 PP
NAME WILLIAMS, NATHANIEL
STREET ADDRESS 8109 N. NEBARSKA AVE
CITY- ST- ZIP TAMPA FL 33604 ☐ Delete

TITLE PV
NAME WILLIAMS, BRENDA
STREET ADDRESS 8109 N. NEBARSKA AVE
CITY- ST- ZIP TAMPA FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nathaniel Williams

4-19-08 (813) 770-7681