2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003444

FILED Jan 17, 2009 Secretary of State

Entity Name: ABUNDANT LOVE INTERNATIONAL MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 620 EAST MAIN STREET LAKE BUTLER, FL 32054 **Current Mailing Address: New Mailing Address:** P.O. BOX 118 WORTHINGTON SPRINGS, FL 32697 FEI Number: 31-1691270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, CATHERINE D 5280 S.W. 131ST LANE LAKE BUTLER, FL 32054 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete WILLIAMS, CATHERINE D Name: Name: 5280 S.W. 131ST LANE Address: Address: City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: Title: VP/T () Delete Title: () Change () Addition Name: WILLIAMS, JEFFREY E Name: Address: 5280 S.W. 131ST LANE Address: City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: Title: SECR () Delete Title: ASVP (X) Change () Addition LYTTON, LISA L MCSWEENEY, NICHOLAS R Name: Name: 255 S.W. 3RD AVENUE Address: Address: 5280 S. W. 13ST LANE City-St-Zip: LAKE BUTLER, FL 32054 City-St-Zip: LAKE BUTLER, FL 32054 () Delete () Change (X) Addition Title: Title: SECR Name: Name: LYTTON, LISA L 255 S. W. 3RD AVENUE Address: Address: City-St-Zip: City-St-Zip: LAKE BUTLER, FL 32054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE D. WILLIAMS **PRES** 01/17/2009