

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90006 011 \*\*\*\*61.25

**DOCUMENT # N99000004424**

1. Entity Name

**ABUNDANT LIFE WORLD HARVEST MINISTRIES, INC.**



Principal Place of Business

**10606 LEM TURNER RD  
JACKSONVILLE FL 32218**

Mailing Address

**P.O. BOX 77012  
JACKSONVILLE FL 32226-7012**

2. Principal Place of Business

**108 Lawton Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville Florida**

City & State

Zip

Country

**32208**

**DUVAL**

4. FEI Number

**59-3644387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLE, DERRICK D DR  
11714 HARTS ROAD  
JACKSONVILLE FL 32218**

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 signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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  
**PD  
COLE, DERRICK D  
10913 BONNELLY DR.  
JACKSONVILLE FL 32218** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BOGGAN, RALPH  
11714 HARTS RD  
JACKSONVILLE FL 32218** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BOGGAN, SABRINA  
11714 HARTS RD  
JACKSONVILLE FL 32218** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WILLIAMS, ROSE MARY  
5817 MINERS POINT COURT  
JACKSONVILLE FL 32218** ☐ 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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

**Sabrina Boggan Sabrina Boggan 1/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(904)  
714-3884**