

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004424

1. Entity Name
ABUNDANT LIFE WORLD HARVEST MINISTRIES, INC.



Principal Place of Business

**108 LAWTON AVE
JACKSONVILLE, FL 32208**

Mailing Address

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

DO NOT WRITE IN THIS SPACE



01162005 No Chg-NP CR2E037 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLE, DERRICK D 10913 BONNELLY DR. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BOGGAN, RALPH 11714 HARTS RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BOGGAN, SABRINA 11714 HARTS RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, ROSE MARY 5817 MINERS POINT COURT JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11000000219234
02/08/05-80020-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

X Derrick D. Cole PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-29-5

Date

x 904-545-4145

Daytime Phone #

Derrick D. Cole