2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N99000004424

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

Principal Place of Business	Mailing Address
108 LAWTON AVE JACKSONVILLE, FL 32208	P.O. BOX 77012 JACKSONVILLE, FL 32226-7012

02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000654265
03/13/07-80056-001 61.25

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Derrick D. Cole - Derrick D. Cole PD 2-20-07 904-545-4145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #