

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004424

FILED
Mar 08, 2009
Secretary of State

Entity Name: ABUNDANT LIFE WORLD HARVEST MINISTRIES, INC.

Current Principal Place of Business:

108 LAWTON AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

108 LAWTON AVE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3644387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, DERRICK D DR
108 LAWTON AVE.
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: COLE, DERRICK D DR
Address: 108 LAWTON AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP () Delete
Name: COLE, ANDRE A
Address: 5110 DOSTIE DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: GOOLSBY, VERNON
Address: 4551 BEDFORD RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: HARRIS, SABRINA R
Address: 4320 SUNBEAM RD. APT. #1207
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HARRIS, SABRINA R
Address: 7852 JASPER AVE
City-St-Zip: JACKSONVILLE, FL 32211

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: DERRICK D COLE

PD

03/08/2009

Electronic Signature of Signing Officer or Director

Date