2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004424

ABUNDANT LIFE WORLD HARVEST MINISTRIES, INC.



FILED Jan 15, 2003 8:00 am § Secretary of State

01-15-2003 90177 025 ****61.25

(904) 751-

1895

) WE					
Principal Pla	ace of Business	Mailing Address		•					
10606 LEM TURNER RD JACKSONVILLE FL 32218		P.O. BOX 77012			1				
JACKSONVILL	LE FL 32218	JACKSONVILLE FL 32226-7	012						
					1 186 144 64 64 64 64			CHARLE BHALL HANK	
2. Principal	Place of Business	3. Mailing Address							
Suite, Ap	t. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-3644387 Applied For					
Zip	Country	Zip	Cou	untry	-			ot Applicable	
<u> </u>	1				5. Certificate of S	tatus Desired 🔲	\$8.75 Ac Fee Requir	dditional ed	
	6. Name and Address of Current	t Registered Agent	^		7. Name and Add	ress of New Registe			
0015.5				Name De	crick 7	Cole			
	DERRICK D.DR	- 	_ =	Street Address	(P.O. Boy Number is I	Vot Acceptable)	<u> جسم ب</u>		
	onnelly dr. Nville fl 32218			·					
UNUNOU	1441LLL 1 L 32210				Ksonuilla	e, Floria	da.		
·				City			FL Zip Coo	de 18	
8. The above	e named entity submits this statement for	or the purpose of changing its	reaistere	l ed office or registe	ered agent or both in			2216	
the obliga	itions of registered agent.					the state of Horiza. T	arriarimat with	, and accept	
SIGNATURE	·				··				
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	d Agent signature require	d when reinstating)	DA	ATE.		
								ck Payable to	
		indat i dila C	Ontributi	OII	Added to Fees	Florida De	partment of	State	
10.	OFFICERS AND DI	RECTORS	11.	- .	ADDITIONS/CHANG	L ES TO OFFICERS AND	DIRECTORS IN	V 10	
TITLE	PD	☐ Delete	TITLE			EG 7G GITIOLING AIRE	☐ Change	Addition	
NAME	COLE, DERRICK D		NAME	:			C Onlangs		
STREET ADDRESS	10913 BONNELLY DR.		STREE	ET ADDRESS	•				
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-	ST-ZIP					
TITLE NAME	VD Boggan, ralph	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	11714 HARTS RD		NAME	ľ					
CITY-ST-ZIP	JACKSONVILLE FL 32218			ET ADDRESS ST-ZIP			•		
TITLE	TD	□ Delete	╂		 				
NAME	BOGGAN, SABRINA	∟ Deiete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	11714 HARTS RD			T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-	ST-ZIP			-	_	
TITLE	S	☐ Delete	TITLE				Change	Addition	
IAME	WILLIAMS, ROSE MARY		NAME	li			_ ,	_	
TREET ADDRESS CITY-ST-ZIP	5817 MINERS POINT COURT			T ADDRESS					
	JACKSONVILLE FL 32218		CiTY-	ST-ZIP					
ITLE IAME		LJ Delete	TITLE				☐ Change	☐ Addition	
TREET ADDRESS			NAME STREE	T ADDRESS					
TY-ST-ZIP			CITY-S						
ITLE		□ Delete	TITLE						
AME		- Delete	NAME				☐ Change	☐ Addition	
TREET ADDRESS			STREET	T ADDRESS					
ITY-ST-ZIP			CITY-S						
2. Thereby c	ertify that the information supplied with	this filling does not qualify for t	he exem	ption stated in Se	ction 119.07(3)(i), Flor	rida Statutes. I further	certify that the in	formation	
of the corp	on this report or supplemental report is coration or the receiver or trustee empo	une and accurate and that my wered to execute this report a	y signatu s require	re shall have the s ed by Chapter 617	same legal effect as if . Florida Statutes, and	made under oath; that	t I am an officer	or director	
cnanged,	poration or the receiver or trustee empo or on an attachment with an address, w	with all other like empowered	SAbr	INA BUS	gan) 1	-8-03	(904)7	51-	