

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90008 042 \*\*\*\*61.25

**DOCUMENT # N99000004791**

1. Entity Name

**ABUNDANT LIFE MINISTRIES OF PANAMA CITY FLORIDA,**

(1A)

00061353



DO NOT WRITE IN THIS SPACE

|   |  |   |  |
|---|--|---|--|
| Principal Place of Business<br>P.O. BOX 15392<br>PANAMA CITY FL 32406   |  | Mailing Address<br>P.O. BOX 15392<br>PANAMA CITY FL 32406   |  |
| 2. Principal Place of Business<br>1121-A HWY 390  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State<br>PANAMA CITY, FL   |  | City & State  |  |
| Zip<br>32405  | Country<br>BAY   | Zip   | Country  |
| 4. FEI Number<br>59-3581271   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>GREEN, CATHERINE L<br>3915 PETERS DR.<br>PANAMA CITY FL 32405  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>924 FLORIDA AVE, #32<br>PANAMA CITY FL<br>City<br>FL Zip Code<br>32401 |  |
| 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. |  |   |  |
| SIGNATURE <i>Catherine L Green</i><br>Signature, typed or printed name of registered agent and title if applicable.                                       |  | CATHERINE L. GREEN<br>(NOTE: Registered Agent signature required when reinstating)  |  |
| 8-8-01<br>DATE  |  |   |  |
| FILE NOW: FEE IS \$61.25<br>After September 12, 2001, min. will be \$236.25   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|   |  | Make Check Payable to<br>Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PO<br>GREEN, CATHERINE REV.<br>3915 PETERS DR.<br>PANAMA CITY FL 32405 <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 924 FLORIDA AVE, #32<br>PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BECK, PAMELA<br>3915 PETERS DR.<br>PANAMA CITY FL 32405 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 924 FLORIDA AVE, #32<br>PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>DIXON, BETH<br>2100 MOUND AVE. 905 W 26TH ST APT 66<br>PANAMA CITY FL 32406 LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DIXON, BETH<br>905 W 26TH ST APT 66<br>LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>WILLIAMS, TERRY<br>P.O. BOX 15392<br>PANAMA CITY FL 32406 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TERRY WILLIAMS<br>PO BOX 15392<br>PANAMA CITY FL 32406 <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine L Green* CATHERINE L. GREEN 8-8-01 850-785-7241

CP2EN37 (5/01)