2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUI		# N99000004	791								:
ABUNDANT LIFE MINISTRIES OF PANAMA CITY FLORIDA, INC.							4 JUL -7	e e zapletaj	īF.	4	
Principal Plac 7018 HWY 2 PANAMA CIT	301 :		Mailing Address P.O. 80X 15392 PANAMA CITY, FL 32406			0	SECHÉTARY TAIT AHASS Sage	of D	ÄÄ	1	
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2. Principal P	lace of Busin	iess	3. Mailing Address P.O. Box 4095								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06272004	Chg-NP	CR2E037		i	
City & State	e	F	PANAMA	CIT	<u> </u>	Ĺ	4. FEI Numbe 59-3581			Not	Applicable
Zip		Country	3 2 40	1	Country			of Status Desired		88.75 Addi ee Required	
	6. Name	and Address of Current F	Registered Agent	.,	Name			Address of New	Registered A	gent	
GREENBE 1807 MINN LYNN HAV	NESOTA /	4VE					P.O. Box Numbe	WANDA er is Not Acceptal	ble)		
					280 Gily		<u>w. 17</u>	th ST.	FL	Zip Code	
8. The above	named entil	ty submits this statement for	the purpose of cha	anging its reg	istered office o	AMA	C 17 9 red agent, or both	h. in the State of			105 and accept
		tered agent.			,	_	20	00038	39154	442	
SIGNATURE	Signature, types	To priced name of registered against	nd title if applicable.	EV. W.(NOTE: Re	ando E		90	9/04019	12UU1- UNA P DATE	79*20	52/
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D		ee is \$61.25 ptember 8, 2004	Tru	ection Campa est Fund Cont	nign Financing tribution.		\$5.00 May B	F	Make check orida Depart	ment of St	ate
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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9900004791 1. Entity Name ABUNDANT LIFE MINISTRIES OF PANAMA CITY FLORIDA, INC.					. CON	TINU	ED	(be	ig e
Principal Place 7018 HWY 23 PANAMA CITY	301	Mailing Address P.O. BOX 15392 PANAMA CITY, FL 3	2406		1 TANIMON NON 1891	i idin sum dem de	ei Th iri Ai m 3 7	en i n e an a n in ar	מעוו לנו מעוו
2. Principal P	lace of Business	3. Mailing Address	$\overline{}$						
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06272004 C	hg-NP	CR2E03	7 (10/03)	
City & State		City & State			4. FEI Number 59-358127	71		_ 	plied For at Applicable
Zip	Country	Zip .	Country		5. Certificate of S	tatus Desired		\$8.75 Add	litional
	6. Name and Address of Currer	it Registered Agent			-7. Name and Add	dress of New I		Fee Require	<u> </u>
GREENBE	CK, CATHERINE		Name						
1807 MINN	IESOTA AVE		Street	Address	(P.O. Box Number is	Not Acceptabl	e)		
TINN FIAV	/EN, FL 32444								
ř	,		City				FL	Zip Cod	е
	named entity submits this statement	for the purpose of changing	its registered office	or register	red agent, or both, in	the State of F	orida. I am f	amiliar with,	and accept
ine obligati	ions of registered agent.					`			
SIGNATURE .									
	Signature, typed or printed name of registered age	nt and title if applicable. (f	VOTE: Registered Agent sign	nature required	d when reinstating)	T :	DATE		
Dr	Filing Fee is \$61.25 ue by September 8, 2004		Campaign Financing d Contribution.		\$5.00 May Be Added to Fees		llake check rida Depari		
10.	OFFICERS AND D	DIRECTORS	11		ADDITIONS/CHANG	SES TO OFFICE	RS AND DIF	ECTORS IN	10
itle Vame Treet adoress	AD GREENBEACK, CATHERINE 1807, MINNESOTA AVE	Delete	title Name Street address	D Ros	SENBERG	ER, LY	NΝ	☐ Change	Addition
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CITY-ST-ZIP	LYNN HAVEN, FL 32444	<u> </u>	CITY-ST-ZIP	PAL	AMA CIT	3 FL	3240	4	
1112.E	VD GREENBESK, PAMELA	Delete	TITLE NAME		AMA CIT	3 FL	3240	☐ Change	☐ Addition
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ntle Name Street address Sty-St-Zip	VD GREENBECK, PAMELA 1807 MINNESOTA AVE LYNN HAVEN, RL 32444 TD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		AMA CIT	y FL	3240		Addition
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