2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N99000004791

Entity Name: ABUNDANT LIFE MINISTRIES OF PANAMA CITY FLORIDA, INC.

Current Principal Place of Business:

7018 HWY 2301
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

808 DELAWARE AVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3581271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGGO, WANDA
808 DELAWARE AVE
LYNN HAVEN, FL 32444 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: GREGGO, WANDA
Address: 808 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: ROSENBERGER, LYNN
Address: 7305 MILLER RD
City-St-Zip: PANAMA CITY, FL 32404

Title: TD ( ) Delete
Name: JOSE, LINDA
Address: 7305 MILLER RD
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete
Name: WILLIAMS, TERRY
Address: 3907 PETERS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: SAYE, LYNDA
Address: 808 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444

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

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

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: LYNDA SAYE D 04/14/2009

Electronic Signature of Signing Officer or Director — Date