

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096472

FILED
Apr 17, 2005
Secretary of State

Entity Name: ABUNDANT LIFE ADULT CARE CENTER INCORPORATED

Current Principal Place of Business:

1573 W. 11TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

1182 WEST 8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

P.O. BOX 43624
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 20-0194515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, EUNICE A
1573 W. 11TH STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

MATHIS, EUNICE A
1182 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

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: EUNICE MATHIS, R.N., B.S.N.

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATHIS, EUNICE A
Address: 1573 W. 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TRE () Delete
Name: MATHIS, EUNICE A
Address: 1573 W. 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SEC () Delete
Name: MATHIS, EUNICE A
Address: 1573 W. 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MATHIS, EUNICE A
Address: 1182 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TRE (X) Change () Addition
Name: MATHIS, EUNICE A
Address: 1182 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SEC (X) Change () Addition
Name: MATHIS, EUNICE A
Address: 1182 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUNICE MATHIS, R.N., B.S.N.

PRES

04/17/2005

Electronic Signature of Signing Officer or Director

Date