

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000030983 (9)**

1. Corporation Name

ABUNDANT LIFE NETWORK, INC.



Principal Place of Business

**12617 LONGVIEW DRIVE W.
JACKSONVILLE FL 32223**

Mailing Address

**12617 LONGVIEW DRIVE W.
JACKSONVILLE FL 32223**

2. Principal Place of Business

21 1318 Ponte Vedra Blvd

Suite, Apt. #, etc

2a. Mailing Address

26 1318 Ponte Vedra Blvd

Suite, Apt. #, etc

3. Date Incorporated or Qualified
04/26/1993

3a. Date of Last Report
05/01/1995

4. FLE Number
59-3176099

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MITTS, DAVID A
12617 LONGVIEW DRIVE W.
JACKSONVILLE FL 32223**

81 Name

MITTS, DAVID A.

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

1318 Ponte Vedra Blvd

84 State

Ponte Vedra Beach FL

85 Zip Code

32082

11. Pursuant to the provisions of Sections 607.0609 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

DAVID A MITTS

Signature of corporation officer or director, and agent for the State

Signature of Registered Agent, and person authorized to change

2/26/96

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

MITTS, DAVID A

STREET ADDRESS

**12617 LONGVIEW DR. W
JACKSONVILLE FL 32223**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

300001853209
06/06/96 - 01034--009
****1225.00**

2/26/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID A MITTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

907.273-4045

CR2E034 (12/95)