

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002951

Entity Name: ABUNDANT LIFE FELLOWSHIP OF OCALA, INC.**Current Principal Place of Business:**10345 S.W. 27TH AVE
OCALA, FL 34476**Current Mailing Address:**PO BOX 4498
OCALA, ., FL 34478 US**FEI Number:** 59-3651065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRENCH, DAVID AREV.
16290 SW 47TH TERRACE
OCALA, FL 34473 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FRENCH, THERESA
Address	16290 SW 47TH TERRACE
City-State-Zip:	OCALA FL 34473

Title	T-T
Name	SABATELLA, LISA M
Address	4188 SW 128TH PLACE
City-State-Zip:	OCALA FL 34473

Title	P
Name	FRENCH, DAVID A
Address	16290 SW 47TH TERRACE
City-State-Zip:	OCALA FL 34473

Title	TR
Name	SABATELLA, ROBERT
Address	4188 SW 128TH PLACE
City-State-Zip:	OCALA FL 34473

Title	TR
Name	GABLER, ED DR
Address	10620 SW 27TH AVE #A14
City-State-Zip:	OCALA FL 34476

Title	S
Name	LONG, JOSEPHINE
Address	8880 SW 27TH AVE #A3
City-State-Zip:	OCALA FL 34476

I hereby 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 all other like empowered.

SIGNATURE: LISA M SABATELLA**TREASURER****02/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date