

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000037

Entity Name: THE ABUNDANCE OF PRAISE AND PERFECTING MINISTRIES, INC.**FILED**
Mar 04, 2023
Secretary of State
1835567952CC**Current Principal Place of Business:**10465 S.E. 159TH STREET
SUMMERFIELD, FL 34491**Current Mailing Address:**P.O. BOX 3388
BELLEVIEW, FL 34421 US**FEI Number: 65-0381386****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, CORRY J
8098 JUNIPER ROAD
OCALA, FL 34480 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	VP, TREASURER, EXECUTIVE SECRETARY, SR. PASTOR
Name	BROWN, MAXINE
Address	P.O. BOX 3388
City-State-Zip:	BELLEVIEW FL 34421

Title	PRESIDENT, EXECUTIVE BISHOP
Name	WILLIAMS, CORRY SR
Address	8098 JUNIPER ROAD
City-State-Zip:	OCALA FL 34480

Title	CEO, OVERSEER
Name	WILLIAMS, LINDA D DR.
Address	6315 S. MAGNOLIA AVE
City-State-Zip:	OCALA FL 34471

Title	SECRETARY
Name	WILLIAMS, HEATHER N
Address	8098 JUNIPER ROAD
City-State-Zip:	OCALA FL 34480

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: MAXINE Y BROWN**ADMINISTRATOR****03/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date