

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000960

Entity Name: ABUNDANT LIFE WORSHIP COMPLEX OF FLORIDA, INC.**Current Principal Place of Business:**304 W. 27TH STREET
SANFORD, FL 32773**Current Mailing Address:**304 W. 27TH STREET
SANFORD, FL 32773**FEI Number: 59-3386313****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DAVIS, KEVIN L
304 W. 27TH STREET
SANFORD, FL 32773 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	PT
Name	DAVIS, KEVIN L
Address	304 W. 27TH STREET
City-State-Zip:	SANFORD FL 32773

Title	D
Name	JOHNSON, JEROME
Address	304 W. 27TH STREET
City-State-Zip:	SANFORD FL 32773

Title	D
Name	JONES, MARVIN
Address	304 W. 27TH STREET
City-State-Zip:	SANFORD FL 32773

Title	D
Name	JOHNSON, ANGIE
Address	304 W. 27TH STREET
City-State-Zip:	SANFORD FL 32773

Title	D
Name	DAVIS, LEWIS
Address	304 W. 27TH STREET
City-State-Zip:	SANFORD FL 32773

Title	D
Name	LINDA, WHITE
Address	304 W. 27TH ST.
City-State-Zip:	SANFORD FL 32773

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: KEVIN L DAVIS**PRESIDENT****01/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date