

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N30090 (7)
1. Corporation Name
ABE SPRINGS BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
RT. 1, BOX 7710 KINARD FL 32449 RT. 1, BOX 7710 KINARD FL 32449

2. Principal Place of Business 2a. Mailing Address
21 HWY 275 SOUTH 26 Rt. 1, Box 162-C
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Blountstown, Fl. 28 Blountstown, Fl.
Zip Country Zip Country
24 32424 25 Calhoun 29 32424 30 Calhoun

9. Name and Address of Current Registered Agent
BARKER, CARL E. (REMOVE)
RT. 1, BOX 7710
KINARD FL 32449

APPROVED AND FILED
95 MAR 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
01/09/1989 04/11/1994
4. FEI Number Applied For
59-2933802 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent
81 Name Rev. Allen Pitts
82 Street Address (P.O. Box Number is Not Acceptable) Rt. 1, Box 172
83
84 City Blountstown, FL 85 Zip Code 32424

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE Rev. Allen Pitts Rev. Allen Pitts 3-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	STD
NAME	BARKER, CARL E. (REMOVE)
STREET ADDRESS	RT. 1, BOX 7710
CITY - ST - ZIP	KINARD FL
TITLE	D
NAME	DEVANE, FLOYD E. (REMOVE)
STREET ADDRESS	RT. 1 BOX 27
CITY - ST - ZIP	KINARD FL
TITLE	STD
NAME	DEAN, ETTA MAE
STREET ADDRESS	RT. 1 BOX 181
CITY - ST - ZIP	BLOUNTSTOWN FL
TITLE	D
NAME	PITTS, BETTY
STREET ADDRESS	RT A BOX 172
CITY - ST - ZIP	BLOUNTSTOWN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rev. Allen Pitts
1.3 STREET ADDRESS	Rt. 1, Box 172 Hwy 275 South
1.4 CITY - ST - ZIP	Blountstown, Fl. 32424
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rev. Ron Garland
2.3 STREET ADDRESS	13416 E. Hwy 20
2.4 CITY - ST - ZIP	Youngstown, Fl. 32466
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Etta Mae Dean
3.3 STREET ADDRESS	Rt. 1, Box 181 Hwy 275 South
3.4 CITY - ST - ZIP	Blountstown, Fl. 32424
4.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cindy C. Garland
4.3 STREET ADDRESS	13416 E. Hwy 20
4.4 CITY - ST - ZIP	Youngstown, Fl. 32466
5.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Betty Pitts
5.3 STREET ADDRESS	Rt. 1, Box 172 Hwy 275 South
5.4 CITY - ST - ZIP	Blountstown, Fl. 32424
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Michael Pate
6.3 STREET ADDRESS	P.O. Box 63 Hwy 20 west
6.4 CITY - ST - ZIP	Clarksville, Fl. 32430

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 110.07(3)(b), 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Allen Pitts Rev. Allen Pitts 3-13-95 904 674 5991
Signature and typed or printed name of signing officer or director Date (System 1/20/94)