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1996 APR 10 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

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

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

Principal Place of Business Mailing Address  
**HWY 275 SOUTH BLOUNTSTOWN FL 32424** **RT 1 BOX 162-C BLOUNTSTOWN FL 32424**

3. Date Incorporated or Qualified <b>01/09/1989</b>	3a. Date of Last Report <b>03/27/1995</b>
4. FEI Number <b>59-2933802</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**PITTS, REV. ALLEN  
RT. 1 BOX 172  
BLOUNTSTOWN FL 32424**

10. Name and Address of New Registered Agent

81 Name **Billy Hires**

82 Street Address (P.O. Box Number is Not Acceptable)  
**304 Folsom Avenue**

83

84 City **Blountstown** FL 85 Zip Code **32424**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Billy Hires DATE 3/20/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	PITTS, REV. ALLEN	
STREET ADDRESS	HWY 275 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GARLAND, REV. RON	
STREET ADDRESS	13416 E. HWY 20	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAN, ETTA MAE	
STREET ADDRESS	HWY 275 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GARLAND, CINDY C	
STREET ADDRESS	13416 E HWY 20	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PITTS, BETTY	
STREET ADDRESS	HWY 275 SOUTH	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATE, MICHAEL	
STREET ADDRESS	HWY 20 WEST	
CITY-ST-ZIP	CLARKSVILLE FL 32430	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Billy Hires	
1.3 STREET ADDRESS	304 Folsom Ave	
1.4 CITY-ST-ZIP	Blountstown, FL 32424	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Floyd Devane	
2.3 STREET ADDRESS	Rt 1 Box 31 Hwy 71N	
2.4 CITY-ST-ZIP	Kinard, FL 32449	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10000 1771871	
3.4 CITY-ST-ZIP	-04/10/96--01018--001	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Curtis Spiker	
4.3 STREET ADDRESS	Po Box 2 Hwy 71S	
4.4 CITY-ST-ZIP	Blountstown FL 32424	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Billy Hand	
6.3 STREET ADDRESS	Rt 1 Box 373 Hwy 71S	
6.4 CITY-ST-ZIP	Blountstown, FL 32424	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Billy Hires Billy Hires DATE 3/20/96 904/674-5913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)