


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30090 (7)**  
1. Corporation Name  
**ABE SPRINGS BAPTIST CHURCH, INC.**



Principal Place of Business <b>HWY 275 SOUTH BLOUNTSTOWN FL 32424</b>	Mailing Address <b>RT 1 BOX 162-C BLOUNTSTOWN FL 32424-9801</b>
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3. Date Incorporated or Qualified <b>01/09/1989</b>	3a. Date of Last Report <b>04/10/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2933802</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HIRES, BILLY  
304 FOLSOM AVENUE  
BLOUNTSTOWN FL 32424**

10. Name and Address of New Registered Agent  
81 Name **Curtis Spiker**  
82 Street Address (P.O. Box Number is Not Acceptable) **Hwy 71 South**  
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 **Curtis Spiker Registered Agent** *Curtis Spiker* DATE **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>MD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HIRES, BILLY</b>	1.2 NAME	<b>Shirley Fay Brown</b>
STREET ADDRESS	<b>304 FOLSOM AVE</b>	1.3 STREET ADDRESS	<b>Hwy 71 South</b>
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	1.4 CITY-ST-ZIP	<b>Blountstown, FL 32424</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEVANE, FLOYD</b>	2.2 NAME	<b>Margaret Freeman</b>
STREET ADDRESS	<b>RT 1 BOX 31 HWY 71 N</b>	2.3 STREET ADDRESS	<b>Hwy 71 South</b>
CITY-ST-ZIP	<b>KINARD FL 32449</b>	2.4 CITY-ST-ZIP	<b>Blountstown, FL 32424</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN, ETTA MAE</b>	3.2 NAME	
STREET ADDRESS	<b>HWY 275 SOUTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIKER, CURTIS</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 2 HWY 71 S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	4.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, BETTY</b>	5.2 NAME	
STREET ADDRESS	<b>HWY 275 SOUTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAND, BILLY</b>	6.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 373 HWY 71 S</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

*Beth Pitts* *4-22-97*