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NONPROFIT

May 01 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # N30090 (7) ABE SPRINGS BAPTIST CHURCH, INC. Principal Place of Business Mailing Address HWY 275 SOUTH RT 1 BOX 162-C 3. Date Incorporated or Qualified **BLOUNTSTOWN FL 32424** BLOUNTSTOWN FL 32424 01/09/1989 4. FEI Number Applied For 59-2933802 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPIKER, CURTIS Street Address (P.O. Box Number is Not Acceptable) HWY 71 SOUTH 83 **BLOUNTSTOWN FL 32424** 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ■ DELETE 1.1 TITLE Change ___ Addition BROWN, SHIRLEY F NAME 1.2 NAME HWY 71 SOUTH STREET ADDRESS 1.3 STREET ADDRESS **BLOUNTSTOWN FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FREEMAN, MARGARET NAME 22 NAME HWY 71 SOUTH STREET ADDRESS 2.3 STREET ADDRESS **BLOUNTSTOWN FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE DEAN, ETTA MAE NAME 3.2 NAME HWY 275 SOUTH STREET ADDRESS 3.3 STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE SPIKER, CURTIS NAME 4.2 NAME P.O. BOX 2 HWY 71 S 4.3 STREET ADDRESS STREET ADDRESS BLOUNTSTOWN FL 32424 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition PITTS, BETTY NAME 5.2 NAME HWY 275 SOUTH STREET ADDRESS 5.3 STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE HAND, BILLY NAME 6.2 NAME RT 1 BOX 373 HWY 71 S STREET ADDRESS **6.3 STREET ADDRESS BLOUNTSTOWN FL 32424** CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I 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

FLORIDA DEPARTMENT OF STATE

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