

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90155 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30090

1. Corporation Name

ABE SPRINGS BAPTIST CHURCH, INC.

Principal Place of Business

**HWY 275 SOUTH
 BLOUNTSTOWN FL 32424**

Mailing Address

**RT 1 BOX 162-C
 BLOUNTSTOWN FL 32424**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/09/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2933802	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**SPIKER, CURTIS
 HWY 71 SOUTH
 BLOUNTSTOWN FL 32424**

10. Name and Address of New Registered Agent

81 Name	Elton McDaniel	
82 Street Address (P.O. Box Number is Not Acceptable)	Hwy 71 North	
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: Elton McDaniel Elton McDaniel 4-24-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SHIRLEY F	1.2 NAME	
STREET ADDRESS	HWY 71 SOUTH	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BLOUNTSTOWN FL	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MARGARET	2.2 NAME	
STREET ADDRESS	HWY 71 SOUTH	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BLOUNTSTOWN FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, ETTA MAE	3.2 NAME	
STREET ADDRESS	HWY 275 SOUTH	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BLOUNTSTOWN FL 32424	3.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIKER, CURTIS	4.2 NAME	D
STREET ADDRESS	P.O. BOX 2 HWY 71 S	4.3 STREET ADDRESS	Carlton Chandler
CITY-STATE-ZIP	BLOUNTSTOWN FL 32424	4.4 CITY-STATE-ZIP	Hwy 71 South
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, BETTY	5.2 NAME	
STREET ADDRESS	HWY 275 SOUTH	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BLOUNTSTOWN FL 32424	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAND, BILLY	6.2 NAME	
STREET ADDRESS	RT 1 BOX 373 HWY 71 S	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BLOUNTSTOWN FL 32424	6.4 CITY-STATE-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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlton Chandler 4/20/99 850/674-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)