

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90008 014 ****61.25

DOCUMENT # N30090

1. Entity Name

ABE SPRINGS BAPTIST CHURCH, INC.

Principal Place of Business

**13913 SW CR 275
 BLOUNTSTOWN FL 32424**

Mailing Address

**13913 SW CR 275
 BLOUNTSTOWN FL 32424**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2933802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, ELTON
 HWY 71 SOUTH
 BLOUNTSTOWN FL 32424**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO. FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BROWN, SHIRLEY F**
 STREET ADDRESS **HWY 71 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☒ Change ☐ Addition
 NAME **8246 NE SR 715**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FREEMAN, MARGARET**
 STREET ADDRESS **HWY 71 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☒ Change ☐ Addition
 NAME **8886 NE CDClarke Road**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DEAN, ETTA MAE**
 STREET ADDRESS **HWY 275 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ Change ☒ Addition
 NAME **Johnson, Rodney E.**
 STREET ADDRESS **7901 SW Monroe Johnson Road**
 CITY-ST-ZIP **Kinard FL 32449**

TITLE **D** ☐ Delete
 NAME **CHANDLER, CARLTON**
 STREET ADDRESS **HWY 71 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **PITTS, BETTY**
 STREET ADDRESS **HWY 275 SOUTH**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☒ Change ☐ Addition
 NAME **13608 SW CR 275**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HAND, BILLY**
 STREET ADDRESS **RT 1 BOX 373 HWY 71 S**
 CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☒ Change ☐ Addition
 NAME **13151 SR 715**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elton McDaniel **REQUIRED** **Elton McDaniel**

4/5/02

None

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)