

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2007  
Secretary of State**

DOCUMENT# N30090

Entity Name: ABE SPRINGS BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

13913 SW CR 275  
BLOUNTSTOWN, FL 32424

**New Principal Place of Business:**

**Current Mailing Address:**

13913 SW CR 275  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

FEI Number: 59-2933802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDANIEL, ELTON  
18966 NE HAYES SUBDIVISION RD  
BLOUNTSTOWN, FL 32424      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BROWN, SHIRLEY F  
Address: 8246 NE SR 715  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D      ( ) Delete  
Name: FOLSOM, DALE  
Address: 18948 NW TERRY RD  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D      ( ) Delete  
Name: JOHNSON, RODNEY E  
Address: 7901 SW MONROE JOHNSON ROAD  
City-St-Zip: KINARD, FL 32449

Title: D      ( ) Delete  
Name: POPE, ROY C  
Address: 5251 SW B & L DRIVE  
City-St-Zip: KINARD, FL 32449

Title: STD      ( ) Delete  
Name: PITTS, BETTY  
Address: 13608 SW CR 275  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: DP      ( ) Delete  
Name: HAND, BONNIE  
Address: 13151 SR 715  
City-St-Zip: BLOUNTSTOWN, FL 32424

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELTON MCDANIEL

RA

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date