

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91396 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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

18966 NE Hayes Subdivision Rd

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **8246 NE SR 715**
CITY-ST-ZIP **BLOUNTSTOWN FL**

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

TITLE **D** ☒ Delete
NAME **FREEMAN, MARGARET**
STREET ADDRESS **8886 NE CD CLARK ROAD**
CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE ☐ Change ☒ Addition
NAME **D Folsom, Dale**
STREET ADDRESS **18948 NW Terry Rd**
CITY-ST-ZIP **Blountstown FL 32424**

TITLE **D** ☐ Delete
NAME **JOHNSON, RODNEY E**
STREET ADDRESS **7901 SW MONROE JOHNSON ROAD**
CITY-ST-ZIP **KINARD FL 32449**

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

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 **13608 SW CR 275**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

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

TITLE **D** ☒ Delete
NAME **HAND, BILLY**
STREET ADDRESS **13151 SR 715**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☒ Addition
NAME **Hand, Bonnie**
STREET ADDRESS **13151 SR 715**
CITY-ST-ZIP **Blountstown, FL 32424**

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 of 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**

4-14-03 **850-639-2292**

CR2E037 (10/02)