

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31010 (4)

1. Corporation Name

DAVID MCABEE MINISTRIES INCORPORATED

Principal Place of Business

Mailing Address

C/O DAVID A. MCABEE
1204 FAIRBURN AVENUE
CLEARWATER FL 34615

C/O DAVID A. MCABEE
1204 FAIRBURN AVENUE
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1989

3a. Date of Last Report
03/17/1994

4. FEI Number
59-2945957

Applied
Not Appl.

5. Certificate of Status Desired

\$8.75 Additior
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May R.
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplem
Fee Not Require

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCABEE, DAVID A.
1204 FAIRBURN AVENUE
CLEARWATER FL 34615**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCABEE, DAVID A.
STREET ADDRESS	1204 FAIRBURN AVENUE
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	MCABEE, PATRICIA JEAN
STREET ADDRESS	1204 FAIRBURN AVENUE
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	POYNTER, BARBARA
STREET ADDRESS	537 FISHER RD.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	GREEN, OTIS
STREET ADDRESS	1101 FAIRBURN AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	SLAUGHER, DANA
STREET ADDRESS	918 MOSS AVENUE
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David A. Mcabee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

442-1620