

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2004
Secretary of State**

DOCUMENT# N31010

Entity Name: DAVID MCABEE MINISTRIES INCORPORATED

Current Principal Place of Business:

New Principal Place of Business:

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

Current Mailing Address:

New Mailing Address:

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

FEI Number: 59-2945957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCABEE, DAVID A.,
Address: 1204 FAIRBURN AVENUE
City-St-Zip: CLEARWATER, FL

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

Title: D () Delete
Name: MCABEE, PATRICIA JEA, N
Address: 1204 FAIRBURN AVENUE
City-St-Zip: CLEARWATER, FL

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

Title: D () Delete
Name: POYNTER, BARBARA,
Address: 537 FISHER RD.
City-St-Zip: PALM HARBOR, FL

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

Title: D () Delete
Name: GREEN, OTIS,
Address: 1101 FAIRBURN AVE
City-St-Zip: CLEARWATER, FL

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

Title: D () Delete
Name: SLAUGHER, DANA,
Address: 918 MOSS AVENUE
City-St-Zip: CLEARWATER, FL

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

Title: D () Delete
Name: FYFE, WANDA
Address: 941 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

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 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 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: PATRICIA JEAN MCABEE

SEC

03/14/2004

Electronic Signature of Signing Officer or Director

_____ Date