
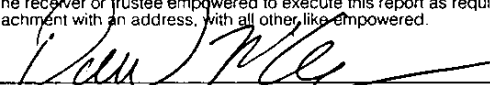


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 036 \*\*\*\*70.00

<b>DOCUMENT # N31010</b>					
1. Entity Name DAVID MCABEE MINISTRIES INCORPORATED					
Principal Place of Business C/O DAVID A. MCABEE 1204 FAIRBURN AVENUE CLEARWATER, FL 34615			Mailing Address C/O DAVID A. MCABEE 1204 FAIRBURN AVENUE CLEARWATER, FL 34615		
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 59-2945957	
33755		33755		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCABEE, DAVID A. 1204 FAIRBURN AVENUE CLEARWATER, FL 34615 33755			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33755		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	Same - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCABEE, DAVID A.	NAME	Same -		
STREET ADDRESS	1204 FAIRBURN AVENUE	STREET ADDRESS	Same -		
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP	Clearwater FL 33755		
TITLE	D <input type="checkbox"/> Delete	TITLE	Same - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCABEE, PATRICIA JEAN	NAME	Same -		
STREET ADDRESS	1204 FAIRBURN AVENUE	STREET ADDRESS	Same -		
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP	Clearwater FL 33755		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Ashryn McAbee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POYNTER, BARBARA	NAME	1260 Engman St. Apt 101		
STREET ADDRESS	537 FISHER RD.	STREET ADDRESS	Clearwater FL 33755		
CITY-ST-ZIP	PALM HARBOR, FL	CITY-ST-ZIP	Clearwater, FL 33755		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Christi McAbee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREEN, OTIS	NAME	1260 Engman St. Apt 101		
STREET ADDRESS	1101 FAIRBURN AVE	STREET ADDRESS	Clearwater, FL 33755		
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP	Clearwater, FL 33755		
TITLE	D <input type="checkbox"/> Delete	TITLE	Same - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SLAUGHER, DANA	NAME	Same -		
STREET ADDRESS	918 MOSS AVENUE	STREET ADDRESS	Same -		
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP	Clearwater, FL 33759		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	FYFE, WANDA	NAME			
STREET ADDRESS	941 WEATHERSFIELD DR	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 3/3/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		