

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 09, 2009  
Secretary of State

DOCUMENT# N31010

Entity Name: DAVID MCABEE MINISTRIES INCORPORATED

**Current Principal Place of Business:**

C/O DAVID A. MCABEE  
1204 FAIRBURN AVENUE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID A. MCABEE  
1204 FAIRBURN AVENUE  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 59-2945957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCABEE, DAVID A.  
1204 FAIRBURN AVENUE  
CLEARWATER, FL 33755      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: MCABEE, DAVID A.  
Address: 1204 FAIRBURN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: MCABEE, PATRICIA JEAN  
Address: 1204 FAIRBURN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: D      (X) Delete  
Name: MCABES, ASHRYN  
Address: 1260 ENGMAN ST, APT 101  
City-St-Zip: CLEARWATER, FL 33755

Title: D      (X) Delete  
Name: MCABEE, CHRISTI  
Address: 1260 ENGMAN ST., APT 101  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: LETT, MARGARET K  
Address: 625 DUCHESS BLVD  
City-St-Zip: DUNEDIN, FL 34698

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

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

Title: D      (X) Change ( ) Addition  
Name: MCABEE, DAVID A PRES  
Address: 1204 FAIRBURN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

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 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: DAVID A. MCABEE

PRES

07/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date