

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90165 044 ****61.25

DOCUMENT # N31010

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2945957**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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**

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 | <input type="checkbox"/> Delete |
| NAME | MCABEE, DAVID A. | |
| STREET ADDRESS | 1204 FAIRBURN AVENUE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCABEE, PATRICIA JEAN | |
| STREET ADDRESS | 1204 FAIRBURN AVENUE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POYNTER, BARBARA | |
| STREET ADDRESS | 537 FISHER RD. | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GREEN, OTIS | |
| STREET ADDRESS | 1101 FAIRBURN AVE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SLAUGHER, DANA | |
| STREET ADDRESS | 918 MOSS AVENUE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FYFE, WANDA | |
| STREET ADDRESS | 941 WEATHERSFIELD DR | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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: *Patricia McCabe* **Treasurer** *2/24/03* (727) 442-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)