2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004
Secretary of State

DOCUMENT# N94000002152

Entity Name: ABIDING LIGHT MINISTRY, INCORPORATED

Current Principal Place of Business:

103 S FRANKLIN AVE
ARCHER, FL 32618 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 366
ARCHER, FL 32618 US

New Mailing Address:

FEI Number: 59-3240942 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLKE, JACQUELINE R
103 SOUTH FRANKLIN AVE
ARCHER, FL 32618 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: POLKE, CHRISTOPHER
Address: 103 SOUTH FRANKLIN AVE
City-St-Zip: ARCHER, FL 32618

Title: VTM ( ) Delete
Name: POLKE, CLARENCE
Address: 103 SOUTH FRANKLIN AVE
City-St-Zip: ARCHER, FL 32618

Title: PDS ( ) Delete
Name: POLKE, JACQUELINE
Address: 103 FRANKLIN AVE
City-St-Zip: ARCHER, FL 32618

Title: D ( ) Delete
Name: LEE, ANNE
Address: 4404-A 70TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: BROWN, DELORIS
Address: 611 BROADWALK BLVD.
City-St-Zip: ARCHER, FL 32618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JACQUELENE R. POLKE D 06/10/2004
Electronic Signature of Signing Officer or Director Date