2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N94000002152

Entity Name: ABIDING LIGHT MINISTRY, INCORPORATED

Current Principal Place of Business:

13447 SW 159TH TERRACE
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 (X)**

Name and Address of Current Registered Agent:

POLKE, JACQUELINE R
13447 SW 159TH TERRACE
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:	13447 SW 159TH TERRACE	
City-St-Zip:	ARCHER, FL 32618 US	
Title:	VTM	( ) Delete
Name:	POLKE, CLARENCE	
Address:	13447 SW 159TH TERRACE	
City-St-Zip:	ARCHER, FL 32618 US	
Title:	PDS	( ) Delete
Name:	POLKE, JACQUELENE	
Address:	13447 SW 159TH TERRACE	
City-St-Zip:	ARCHER, FL 32618 US	
Title:	D	( ) Delete
Name:	LEE, ANNE	
Address:	480 NW 251 ST	
City-St-Zip:	NEWBERRY, FL 32669 US	
Title:	D	( ) Delete
Name:	ROBINSON, JOE	
Address:	12423 SW CTY RD 346	
City-St-Zip:	ARCHER, FL 32618 US	
Title:	PDS	( ) Delete
Name:	POLKE, JACQUELENE R	
Address:	13447 SW 159TH TERRACE	
City-St-Zip:	ARCHER, FL 32618 US	

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:	
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: JACQUELENE R POLKE PDS 04/30/2007

Electronic Signature of Signing Officer or Director — Date