


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003993**

1. Entity Name  
 ABIDING FAITH CHRISTIAN MINISTRIES, INC.



Principal Place of Business . . . . . Mailing Address  
 6529 NW 39TH AVE . . . . . PO BOX 357234  
 GAINESVILLE, FL 32606 . US . . . . . GAINESVILLE, FL 32635-7234 US



04142005 No Chg-NP CR2E037 (10/03)

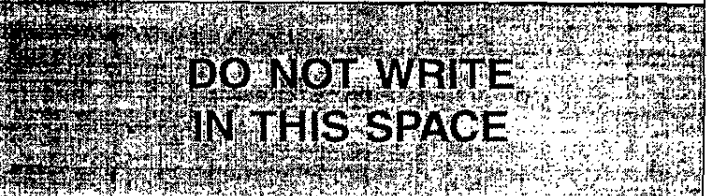
4. FEI Number  
 59-3391905

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COWART, JOHN S  
 10827 NW 15TH PLACE  
 GAINESVILLE, FL 32606



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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

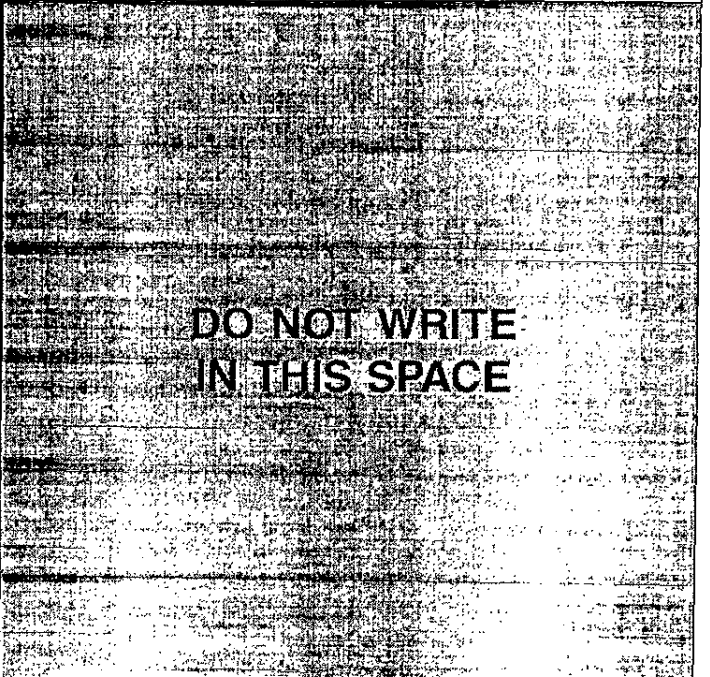
Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000325115  
 04/23/05-80003-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STUBBS, PATRICIA A 5922 NW 27 TERR GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COWART, JOHN S 10827 NW 15TH PLACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STOKES, BRIDGET L W 16006 NW 47TH CT ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLEMING, WALTER L 3005 NW 76TH TERR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GREENE, ANTHONY F 7320 NW 47 COURT GAINESVILLE, FL 32606
TITLE 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)(f), 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: Bridget L. Stokes / Bridget L. Stokes 4/20/05 352-8701026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR File Daytime Phone #