

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Mar 12, 2024

Entity Name: ABIDING FAITH CHRISTIAN MINISTRIES, INC.

**Secretary of State
2972754645CC**

Current Principal Place of Business:

6529 NW 39TH AVE
GAINESVILLE, FL 32606

Current Mailing Address:

PO BOX 357234
GAINESVILLE, FL 32635-7234 US

FEI Number: 59-3391905

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title PRES
Name STUBBS, PATRICIA A
Address 5922 NW 27 TERR
City-State-Zip: GAINESVILLE FL 32653

Title TRUS
Name COWART, JOHN S
Address 10827 NW 15TH PLACE
City-State-Zip: GAINESVILLE FL 32606

Title SECR
Name STOKES, BRIDGET L
Address 16006 NW 120TH PLACE
City-State-Zip: ALACHUA FL 32615

Title TRES
Name FLEMING, WALTER LJR.
Address 3005 NW 76TH TERR
City-State-Zip: GAINESVILLE FL 32606

Title TRUSTEE
Name PETERSON, ALICE
Address 15621 NW 138TH DRIVE
City-State-Zip: ALACHUA FL 32615

Title TRUSTEE
Name WRIGHT, ANGELA
Address 621 SW 5TH STREET
City-State-Zip: GAINESVILLE FL 32601

Title TRUSTEE
Name HARMON, ISAIAH DR.
Address 9370 SW 102ND TERRACE
City-State-Zip: GAINESVILLE FL 32608

Title TRUSTEE
Name BURESCH, MARCIA DR.
Address 132 WATERSIDE CROSSING DRIVE
City-State-Zip: ST. PETERS MO 63376

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I hereby 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 all other like empowered.

SIGNATURE: BRIDGET L STOKES

SECRETARY

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name HOGANS, STEPHANIE
Address 4123 GREEN RIVER PLACE
City-State-Zip: MIDDLEBURG FL 32068