

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739533

FILED
Apr 24, 2008
Secretary of State

Entity Name: ABE BROWN MINISTRIES, INC.

Current Principal Place of Business:

2921 N. 29TH STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11453
TAMPA, FL 33680 US

New Mailing Address:

FEI Number: 59-2410601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOUNT, ROBERT P III
2921 N. 29TH STREET
TAMPA, FL 33605 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: CEO () Delete
Name: BROWN, ABRAHAM R.
Address: 3602 RIVER GROVE DRIVE
City-St-Zip: TAMPA FL,

Title: C () Delete
Name: BATEMAN, RICK
Address: 2924 WEST KNIGHTS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BLOUNT, ROBERT P
Address: 15905 DOVER CLIFF DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: MERCHANT, JOSEPH M.
Address: 4125 CAUSEWAY VISTA DRIVE
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: PERRIN, BUDDY
Address: 2321 ENGLISH IVY COURT, S.E.
City-St-Zip: SMYRNA, GA 30080

Title: T () Delete
Name: BAKER, JEANETTE
Address: 12542 ST. CHARLOTTE DRIVE
City-St-Zip: TAMPA, FL 33618

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
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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: ROBERT P. BLOUNT, III

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date