

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739533

FILED  
Feb 02, 2012  
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: D  
Name: WILKINS, DEA  
Address: 15851 SANCTUARY DR.  
City-St-Zip: TAMPA, FL 33647

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

Title: D  
Name: KIRBY, JED  
Address: 4866 W GANDY BLVD  
City-St-Zip: TAMPA, FL 33615

Title: D  
Name: WILSON, CURTISS  
Address: 3000 N. 29TH STREE  
City-St-Zip: TAMPA, FL 33605

Title: D  
Name: BAKER, JEANETTE  
Address: 12542 ST. CHARLOTTE DRIVE  
City-St-Zip: TAMPA, FL 33618

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: ROBERT P. BLOUNT, III

P

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date