


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759781** (8)

1. Corporation Name

**ABYSSINIA MISSIONARY BAPTIST CHURCH MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**2360 KINGS ROAD  
JACKSONVILLE FL 32209**

**2360 KINGS ROAD  
JACKSONVILLE FL 32209-5864**



3. Date Incorporated or Qualified  
**08/25/1981**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number  
**59-2542299**

Applied For  
☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVERS, ROBERT CALVIN  
421 WEST CHURCH ST  
STE 212-C  
JAX FL 32202**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAMOND, TOM E. (REV)</b>	
STREET ADDRESS	<b>2360 KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, JAMES</b>	
STREET ADDRESS	<b>2360 KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MORTON, FANNIE L.</b>	
STREET ADDRESS	<b>2360 KINGS RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, ALBERT</b>	
STREET ADDRESS	<b>2360 KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, OSSIE</b>	
STREET ADDRESS	<b>2360 KINGS RD</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, LILLIE MAE</b>	
STREET ADDRESS	<b>2360 KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

1.1 TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Waddell Parks Jr.</b>	
1.3 STREET ADDRESS	<b>3102 Rayfort Street</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville Fla 32205</b>	
2.1 TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ralph Holback</b>	
2.3 STREET ADDRESS	<b>2954 Ribault Circle</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville Fla 32208</b>	
3.1 TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Larry Pope</b>	
3.3 STREET ADDRESS	<b>2360 Kings Rd.</b>	
3.4 CITY-ST-ZIP	<b>Jacksonville FL 32209</b>	
4.1 TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>John Wiggins</b>	
4.3 STREET ADDRESS	<b>2360 Kings Rd</b>	
4.4 CITY-ST-ZIP	<b>Jacksonville Fla 32209</b>	
5.1 TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Mazie Warren</b>	
5.3 STREET ADDRESS	<b>2360 Kings Rd</b>	
5.4 CITY-ST-ZIP	<b>Jacksonville FL 32209</b>	
6.1 TITLE	<b>Member</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Ernest Lott</b>	
6.3 STREET ADDRESS	<b>2360 Kings Rd</b>	
6.4 CITY-ST-ZIP	<b>Jacksonville FL 32209</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Fannie L. Morton** **FANNIE L. Morton** **3/28/97** **904-353-4471**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005218

CR2E037 (9/96)