

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90021 040 ****75.00

DOCUMENT # 759781 ✓

1. Corporation Name

ABYSSINNIA MISSIONARY BAPTIST CHURCH MINISTRIES, INC.

Principal Place of Business

Mailing Address

2360 KINGS ROAD
JACKSONVILLE, FL 32209

2360 KINGS ROAD
JACKSONVILLE, FL 32209

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

8/25/1981

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

9. Name and Address of Current Registered Agent

TERRENCE L IVEY, ESQUIRE
1650 ART MUSEUM DRIVE, SUITE 11
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent

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 617.0508, 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

6/8/99

12. OFFICERS AND DIRECTORS

TITLE	TRUSTEES (T)	<input type="checkbox"/> DELETE
NAME	LILLIE MAE HAMILTON	
STREET ADDRESS	2413 HORNE STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	PRESIDENT (P)	<input type="checkbox"/> DELETE
NAME	TOM E. DIAMOND	
STREET ADDRESS	4143 MARKIN DRIVE W	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VICE PRESIDENT (VP)	<input type="checkbox"/> DELETE
NAME	JAMES HAMILTON	
STREET ADDRESS	2735 BEGONIA ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	SECRETARY (S)	<input type="checkbox"/> DELETE
NAME	FANNIE L MORTON	
STREET ADDRESS	3623 BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	TREASURER (T)	<input type="checkbox"/> DELETE
NAME	ALBERT THOMAS	
STREET ADDRESS	5613 VERNON ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	TRUSTEES (T)	<input type="checkbox"/> DELETE
NAME	ERNEST LOTT	
STREET ADDRESS	2235 W 44th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fannie L. Morton / FANNIE L. Morton June 8, 1999 904-353-4471

Date

Daytime Phone #

CR2E037 (11/98)