

DOCUMENT # 759781

1. Entity Name

ABYSSINIA MISSIONARY BAPTIST CHURCH MINISTRIES.

Principal Place of Business

2360 KINGS ROAD  
JACKSONVILLE FL 32209

Mailing Address

2360 KINGS ROAD  
JACKSONVILLE FL 32209-5864

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-2542299

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IVEY, TERENCE L ESQ.  
1650 ART MUSEUM DR  
STE 11  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                                           |                                 |
|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DIAMOND, TOM E. (REV.)<br>4143 MARKIN DR W.<br>JACKSONVILLE FL 32211 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HAMILTON, JAME<br>2735 BEGONIA R<br>JACKSONVILLE FL                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MORTON, FANNIE<br>3623 BOULEVARD<br>JACKSONVILLE FL                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>THOMAS, ALBERT<br>5613 VERNON RD<br>JACKSONVILLE FL 32209            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LOTT, ERNEST<br>2235 W. 44TH ST<br>JACKSONVILLE FL 32209             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HAMILTON, LILLIE MAE<br>2413 HORNE ST<br>JACKSONVILLE FL 32209       | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                           |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Waddell Parks Jr.<br>3102 Rayford Street<br>Jacksonville, Fla 32205  | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Ossie Gardner<br>4821 Dallen Lea Drive<br>Jacksonville, Fla 32208    | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>John Whiggins<br>5884 Diamond Street<br>Jacksonville, Fla 32208      | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>David Dunham<br>10831 Wahire Drive N.<br>Jacksonville, Florida 32216 | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition            |

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

6/15/00 904 353-4471

CR2E037 (9/99)