

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90898 033 ****75.00

DOCUMENT # 759781

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2542299**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Austin, Ronald ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1400 Prudential Dr. Suite #1
Jacksonville
 City **FL** Zip Code **32207**

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 **Ronald Austin ESQ**

April 29, 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☒

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
DIAMOND, TOM E. (REV)
 STREET ADDRESS **4143 MARKIN DR W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☒ Addition
 NAME **Holback Ralph**
 STREET ADDRESS **8954 Ribault Circle**
 CITY-ST-ZIP **Jacksonville Florida 32208**

TITLE ☐ Delete
 NAME **V**
HAMILTON, JAMES
 STREET ADDRESS **2735 BEGONIA RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☒ Addition
 NAME **Parks Waddell dr.**
 STREET ADDRESS **3102 Rayford St.**
 CITY-ST-ZIP **Jacksonville Florida 32205**

TITLE ☐ Delete
 NAME **S**
MORTON, FANNIE L.
 STREET ADDRESS **3623 BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☒ Addition
 NAME **Gardner Ossie**
 STREET ADDRESS **4821 Dallen Lea Drive**
 CITY-ST-ZIP **Jacksonville Fla 32208**

TITLE ☐ Delete
 NAME **T**
DUNHAM, DAVID
 STREET ADDRESS **10831 WAHINE DRIVE N**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☒ Addition
 NAME **Haynes Arzada**
 STREET ADDRESS **2104 Division St.**
 CITY-ST-ZIP **Jacksonville Fla 32209**

TITLE ☒ Delete
 NAME **T**
LOTT, ERNEST
 STREET ADDRESS **2235 W. 44TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☒ Addition
 NAME **Wiggins John**
 STREET ADDRESS **5884 Diamond St.**
 CITY-ST-ZIP **Jacksonville Florida 32208**

TITLE ☐ Delete
 NAME **T**
HAMILTON, LILLIE MAE
 STREET ADDRESS **2413 HORNE ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Fannie L. Morton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

904 357-4471

Daytime Phone #

CR2E037 (9/01)