2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 759781

Entity Name: ABYSSINIA MISSIONARY BAPTIST CHURCH MINISTRIES, INC.

Current Principal Place of Business:

10325 INTERSTATE CENTER DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10325 INTERSTATE CENTER DRIVE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-2542299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSTIN, RONALD R
1400 PRESEDENTIAL DR, STE #1
JACKSONVILLE, FL 32207 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:	P	( ) Delete
Name:	DIAMOND, TOM E REV	
Address:	2360 KINGS RD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	V	( ) Delete
Name:	HAMILTON, JAMES	
Address:	2360 KINGS RD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	S	( ) Delete
Name:	MORTON, FANNIE L	
Address:	2360 KINGS RD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	T	( ) Delete
Name:	DUNHAM, DAVID	
Address:	2360 KINGS RD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	T	( ) Delete
Name:	GARDNER, OSSIE	
Address:	2360 KINGS RD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	T	( ) Delete
Name:	HAMILTON, LILLIE M	
Address:	2360 KINGS RD	
City-St-Zip:	JACKSONVILLE, FL 32209	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FANNIE MORTON S 04/29/2009

Electronic Signature of Signing Officer or Director — Date