## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

F94000004634 (1)

Mailing Address

## ABIDING WORD MINISTRIES INCORPORATED

| 4300 NICOLS ROAD<br>EAGAN MN 55122 |   | 4300 NICOLS ROAD<br>EAGAN MN 55122-1911 |                        | 3. Date Incorporated or Qualified                       | 3a. Date  |                                       |                   |                |
|------------------------------------|---|---|------------------------|---|---|---------------------------------------|-------------------|----------------|
|                                    |   |   |                        |   | 09/07/1994  | (                                     | )4/15/            | 1996           |
| 2. Principal Pl                    | ace of Business   | 2a. Mailing Address                     |                        |   | 4. FEI Number   | •                                     |                   | Applied For    |
| 21                                 |   | 26 3535 Bull RUN CT                     |                        |   | 41-1493722  |                                       |                   | Not Applicable |
| Sulte, Apt. #, etc.                |   | Suite, Apt. #, etc.                     |                        | 5. Certificate of Status Desired                        | Desired S8.75 Additional  |                                       |                   |                |
| 22                                 |   | 27                                      |                        |   |   |                                       |                   | Required       |
| City & State                       |   | City & State  28 MELBOURNE FL           |                        | 6. Election Campaign Financing  1rust Fund Contribution |   | \$5.00 May Be<br>Added to Fees        |                   |                |
| Zip                                | Country   | Zip                                     | Countr                 | у<br><b>S</b> Д   | 8. This corporation has liability for i   |                                       |                   | rs. 199.032,   |
| 24                                 | 25  |   | 30 V                   | > /4  | Florida Statutes Yes No  10. Name and Address of New Registered Agent                         |                                       |                   |                |
|                                    | 9. Name and Address of Curren   | t Registered Agent                      | 81                     | Name  | 10. Name and Address of New He  | gistered Aç                           | gent              |                |
|                                    |   |   | *'                     | Name  |   |                                       |                   |                |
| BARNHART, DAVID R                  |   |   | 82                     | Street A  | Address (P.O. Box Number is Not Acceptab  | le)                                   |                   |                |
|                                    | JLL RUN CT  |   | 83                     |   |   |                                       |                   |                |
| MELBO                              | URNE FL 32934   |   | 63                     | <b>'</b>  |   |                                       |                   |                |
|                                    |   |   | 84                     | City  |   | F-1                                   | <b>85</b> Zi      | p Code         |
|                                    |   |   |                        | <u> </u>  |   | <u>FL</u>                             | <u> </u>          |                |
| office or r                        | o the provisions of Sections 617.050.<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida. Such change was au          | ithorized b            | y the corp  | corporation submits this statement for the p<br>poration's board of directors. I hereby accep | urpose or cost the appoi              | nanging<br>ntment | as registered  |
| SIGNATURE                          |   |   |                        |   |   |                                       |                   |                |
|                                    | Signature, typed or printed name of registered age  |   |                        | ent signature i   | required when reinstaling)  ADDITIONS/CHANGES TO OFFICE                                       | DATE                                  | NEIL CIT          | ODO IN 10      |
| 12.                                | OFFICERS AND  | DELETE 1.11                             |                        |   | ADDITIONS/CHANGES TO OFFIC  |                                       | Chang             |                |
| TITLE                              | PC  |   |                        |   |   | -                                     | creany            | c              |
| NAME                               |   |   | 1.2 NAME               | l.  |   |                                       |                   |                |
| STREET ADDRESS                     | • · · · · · · · · · · · · · · · · · · ·   |   |                        | T ADDRESS   |   |                                       |                   |                |
| CITY-ST-ZIP                        | MELBOURNE FL 32934  | DELETE                                  | 1.4 CITY-<br>2.1 TITLE |   |   |                                       | Chang             | e 🔲 Addition   |
| TITLE                              |   |   |                        |   |   | _                                     |                   | e L Addition   |
| NAME                               | BARNHART, MARY N  |   | 22 NAME                |   |   |                                       |                   |                |
| STREET ADDRESS                     | 3535 BULL RUN CT  |   | 2.3 STREET ADDRESS     |   |   |                                       |                   |                |
| CITY-ST-ZIP                        |   |   | 2. 4 CITY              |   |   |                                       | Chang             | e Addition     |
| TITLE                              | <del></del>   |   | 3.1 TITLE              | I   |   | L                                     |                   | E MODITORI     |
| NAME                               | STERNER, GUNNEL   |   | 3.2 NAME               |   |   |                                       |                   |                |
| STREET ADDRESS                     | 602 ELM ST  |   |                        | T ADDRESS   |   |                                       |                   |                |
| CITY-ST-ZIP                        | BETHLEHEM PA 18018  | DELETE                                  | 3.4. CITY              |   |   |                                       | Chang             | e Addition     |
| TITLE                              | D<br>Acces described  | ☐ DELETE                                | 4.1 TITLE              |   |   | L                                     | Chang             | le [] Addition |
| NAME                               | GOOD, HERMAN  |   | 4. 2 NAM               |   |   |                                       |                   |                |
| STREET ADDRESS                     | 104 E. AREBA AVENUE   |   | 1                      | et address  |   |                                       |                   |                |
| CITY-ST-ZIP                        | HERSHEY PA 17033  | - December                              | 4.4 CITY-ST-ZIP        |   |   |                                       | 1.6.              |                |
| TITLE                              | VC  | ☐ DELETE                                | 5.1 TITLE              | 1   |   | L                                     | Chang             | je 🗌 Addition  |
| NAME                               | BARNHART, RICHARD E   |   | 5.2 NAME               | - 1   |   |                                       |                   |                |
| STREET ADDRESS                     |   |   |                        | ET ADDRESS  |   |                                       |                   |                |
| CITY-ST-ZIP                        | MINNEAPOLIS MN 55418  |   | 5,4 CITY-              |   |   | · · · · · · · · · · · · · · · · · · · | 1 8:              |                |
| TITLE                              |   | ☐ DELETE                                | 6.1 TITLE              | I   |   | L                                     | ] Chang           | je 🔲 Addition  |
| NAME                               |   |   | 6.2 NAME               | .   |   |                                       |                   |                |
| STREET ADDRESS                     |   |   | 6,3 STRE               | ET ADDRESS  |   |                                       |                   |                |

14. I do hereby certify that the information supplied with this filing does not qualify for (he 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.