

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004634 (1)**

1. Corporation Name

**ABIDING WORD MINISTRIES INCORPORATED**



Principal Place of Business <b>4300 NICOLS ROAD EAGAN MN 55122</b>	Mailing Address <b>3535 BULL RUN CT MELBOURNE FL 32934 US</b>
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3. Date Incorporated or Qualified

**09/07/1994**

4. FEI Number

**41-1493722**

Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
<b>BARNHART, DAVID R 3535 BULL RUN CT MELBOURNE FL 32934</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	<b>BARNHART, DAVID R</b>
STREET ADDRESS	<b>3535 BULL RUN CT</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>BARNHART, MARY N</b>
STREET ADDRESS	<b>3535 BULL RUN CT</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>STERNER, GUNNEL</b>
STREET ADDRESS	<b>802 ELM ST</b>
CITY-ST-ZIP	<b>BETHLEHEM PA 18018</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>GOOD, HERMAN</b>
STREET ADDRESS	<b>104 E. AREBA AVENUE</b>
CITY-ST-ZIP	<b>HERSHEY PA 17033</b>
TITLE	VC <input type="checkbox"/> DELETE
NAME	<b>BARNHART, RICHARD E</b>
STREET ADDRESS	<b>2339 BENJAMINE ST NE</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55418</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S/T/D</b>
2.3 STREET ADDRESS	<b>BARNHART, MARY N</b>
2.4 CITY-ST-ZIP	<b>3535 BULL RUN CT</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MELBOURNE, FL 32934</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>V/D</b>
5.3 STREET ADDRESS	<b>BARNHART, RICHARD E</b>
5.4 CITY-ST-ZIP	<b>6300 LONGVIEW ROAD</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KANSAS CITY, MO 64134</b>
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.

SIGNATURE:

*David R. Barnhart*

**DAVID R. BARNHART**

**4/13/98 (407) 252-9387**

CR2E037 (10/97)