FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400004634

1. Corporation Name

ABIDING WORD MINISTRIES INCORPORATED

Principal Place of Business
4300 NICOLS ROAD

2. Principal Place of Business

EAGAN MN 55122

21

Mailing Address

3535 BULL RUN CT MELBOURNE FL 32934

2a. Mailing Address

US

26

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90063 015 ****61.25



Applied For

3. Date Incorporated or Qualifed

09/07/1994

EEI Number

Suite, Apt.	#, 0 16.	Suite, Apr. #	, 010.			44 4400700			71100 1 01
22						41-1493722			Applicable
City & State		City & State				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip	Co	Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30	30		Trust Fund Contribution	ט	Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
	-			81	Name				
BARNHART, DAVID R				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
3535 BULL RUN CT				"	Olicot / tadioco (i to . Dox / talioo i to . D				
MELBOURNE FL 32934									
MELDOOM	14C 1 C 02304							85 Zip C	'ada
				84	City		FL	85 Zip C	oue
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Flori	da Statutes, the	above	-named con	poration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Fiorida. Such chan	ge was autnonz	ea by	tne corporati	on's board of directors. I hereby accep	t the appoi	ntment as reg	jistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent a		(NOTE: Register		t signatura requin	ed when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12
12.	OFFICERS AND			TITLE		ABBITIONO/OT/MOZO TO OT	10211071	Change	Addition
πιέ	· =	Ü.							
NAME	BARNHART, DAVID R	•		NAME		•			
STREET ADDRESS	3535 BULL RUN CT				ADDRESS	•			
CITY-ST-ZIP	MELBOURNE FL 32934			CITY-S	r-zip	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
TITLE	STD			TITLE				Change	
NAME.	BARNHART, MARY N	•	2.2	NAME					
STREET ADDRESS	l .		2.3	STREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32934			CITY-S	T-ZIP				- Addition
TITLE	D DELETE		ELETE 3.1	TITLE				Change	Addition
NAME	GOOD, HERMAN		3.2	NAME					
STREET ADDRESS	104 E. AREBA AVENUE		3.3	STREET	ADORESS			,	
CITY-ST-ZIP	HERSHEY PA 17033		3.4	CITY-S	T-ZIP				
TITLE	VD	□ D	ELETE 4.1	TITLE	İ			Change	Addition
NAMÉ	Barnhart, Richard E	•	4.2	NAME			•		
STREET ADDRESS	6300 LONGVIEW RD		4.3	STREET	ADDRESS	•			
CITY-ST-ZIP	KANSAS CITY MO 64134		4.4	CITY-S	T-ZIP				
TITLE		□ D	ELETÉ 5.1	TITLE				. Change	Addition
NAME	{		5.2	NAME					
STREET ADDRESS		•	5.3	STREET	ADDRESS				
CITY-ST-ZIP			5.4	CITY-S	T-ZIP		• • •		
TITLE			ELETE 6.1	TITLE				Change	☐ Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP			6.4	CITY-S	T-Z!P				
14. [hereby o	certify that the information supplied with	this filing does not	qualify for the ex	cempti	on stated in	Section 119.07(3)(i), Florida Statutes.	further ce	rtify that the ir	formation

- Thereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

SIGNATURE

SNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR