3-18-98 B 3424 C

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000215 (0)

1. Corporation Name

ABEL MINISTRIES, INC.

Principal Place of Business	Mailing Address
3912 SO. OCEAN BLVD., #614 HIGHLAND BEACH FL 33487	3912 SO. OCEAN BLVD., #614 HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified: 01/13/1997

4. FEI Number: 65-0588181 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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 *NONE DUE

9. Name and Address of Current Registered Agent

ABEL, L. ROGER
3912 SO. OCEAN BLVD., #614
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE 3-13-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABEL, L R		1.2 NAME		
STREET ADDRESS	3912 SO. OCEAN BLVD., #614		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ABEL, BEVERLY		2.2 NAME		
STREET ADDRESS	3912 SO. OCEAN BLVD., #614		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, ANN		3.2 NAME		
STREET ADDRESS	1820 E. KINGS HWY #16		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOING JR, ROBERT E		4.2 NAME		
STREET ADDRESS	3505 KRESSWICK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSSIER CITY LA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOING, GRETCHEN		5.2 NAME		
STREET ADDRESS	3505 KRESSWICK ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSSIER CITY LA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, PAT		6.2 NAME		
STREET ADDRESS	555 STEPHENSON ST., APT C		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: L.R. Abel L.R. ABEL 3-3-98 561-276-0898