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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000000215**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0588181 — Applied For ☐ / Not Applicable X
City & State 23	City & State 28	5. Certifcate of Status Desired X — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABEL, L. ROGER 3912 SO. OCEAN BLVD., #614 HIGHLAND BEACH FL 33487	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
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 (11/98)

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, with all other like empowered.

SIGNATURE: L ROGER ABEL SIGNATURE REQUIRED 1-6-99 561-276-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #