2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000215

Entity Name: ABEL MINISTRIES, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0588181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCD () Delete (X) Change () Addition ABEL, L R ABEL. L R Name: Name: 3912 SO. OCEAN BLVD., #614 Address: 3912 SO. OCEAN BLVD., #614 Address: City-St-Zip: HIGHLAND BEACH, FL City-St-Zip: HIGHLAND BEACH, FL 33487 US Title: VD Title: (X) Change () Addition () Delete ABEL, BEVERLY Name: ABEL, BEVERLY G Name: Address: 3912 SO. OCEAN BLVD., #614 Address: 3912 SO. OCEAN BLVD., #614 City-St-Zip: HIGHLAND BEACH, FL City-St-Zip: HIGHLAND BEACH, FL 33487 US Title: () Delete Title: SD (X) Change () Addition

CLARK, ANN CLARK, ANN Name: 1820 E. KINGS HWY #16 1820 E. KINGS HWY #16 Address:

SHREVEPORT, LA City-St-Zip: SHREVEPORT, LA 71105 US

Title: () Delete Title: (X) Change () Addition GOING JR. ROBERT E

Name: Name: GOING JR, ROBERT E Address: 3505 KRESSWICK ST Address: 3505 KRESSWICK ST City-St-Zip: BOSSIER CITY, LA City-St-Zip: BOSSIER CITY, LA 71105 US

Title: () Delete Title: (X) Change () Addition

GOING, GRETCHEN GOING, GRETCHEN Name: Name: 3505 KRESSWICK ST 3505 KRESSWICK ST Address: Address: City-St-Zip: BOSSIER CITY, LA City-St-Zip: BOSSIER CITY, LA 71105 US

Title: () Delete Title: (X) Change () Addition

FRAZIER, PAT FRAZIER, PAT Name: Name: 555 STEPHENSON ST., APT C Address:

Address: 555 STEPHENSON ST., APT C SHREVEPORT, LA SHREVEPORT, LA 71101 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. R. ABEL **PCD** 01/06/2004