2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000215

Entity Name: ABEL MINISTRIES, INC.

FILED Feb 01, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	OCEAN BLVD., D BEACH, FL		#614	3912 SO. OCEAN BLVD. #614 HIGHLAND BEACH, FL 33487		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
	OCEAN BLVD., D BEACH, FL		#614	3912 SO. OCEAN BLVD. #614 HIGHLAND BEACH, FL 33487		
FEI Number:	65-0588181	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
HIGHLAND The above	DCEAN BLVD., DBEACH, FL :	33487 US	#614 HIGHLANE	ROGER OCEAN BLVD. D BEACH, FL 33487 US its registered office or registered agent, or both,		
in the State				90/04/9999		
SIGNATUR		ic Signature of Registered Agen		02/01/2006 Date		
OFFICER						
OFFICERS	S AND DIREC	ioks:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ABEL, L R 3912 SO. OCEA	Delete IN BLVD., #614 CH, FL 33487 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ABEL, BEVERL' 3912 SO. OCEA		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () CLARK, ANN 1820 E. KINGS SHREVEPORT,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () GOING JR, ROE 3505 KRESSWI BOSSIER CITY,	CK ST	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOING JR, ROBERT E 3505 KRESSWICK ST BOSSIER CITY, LA 71105 US		
Title: Name: Address: City-St-Zip:	D () GOING, GRETO 3505 KRESSWI BOSSIER CITY,	CK ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	D ()	Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

	SIGNATURE: L. ROGER ABEL	PCD	02/01/2006
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Name:

Address:

City-St-Zip:

FRAZIER, PAT

555 STEPHENSON ST., APT C

SHREVEPORT, LA 71101 US