

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000215

FILED
Feb 07, 2007
Secretary of State

Entity Name: ABEL MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0588181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SD () Delete
Name: CLARK, ANN
Address: 1820 E. KINGS HWY #16
City-St-Zip: SHREVEPORT, LA 71105 US

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

Title: D () Delete
Name: GOING, GRETCHEN
Address: 3505 KRESSWICK ST
City-St-Zip: BOSSIER CITY, LA 71105 US

Title: D () Delete
Name: FRAZIER, PAT
Address: 555 STEPHENSON ST., APT C
City-St-Zip: SHREVEPORT, LA 71101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: L.R. ABEL

PCD

02/07/2007

Electronic Signature of Signing Officer or Director

Date