

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000343

FILED
Mar 21, 2006
Secretary of State

Entity Name: ABBA FATHER MINISTRIES, INC.

Current Principal Place of Business:

9808 WAYNESBORO AVE.
JACKSONVILLE, FL 32208

New Principal Place of Business:

6110 DONELY PLACE
SAN ANTONIO, TX 78247

Current Mailing Address:

9808 WAYNESBORO AVE.
JACKSONVILLE, FL 32208

New Mailing Address:

6110 DONELY PLACE
SAN ANTONIO, TX 78247

FEI Number: 48-1261402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CASSANDRA
9808 WAYNESBORO AVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

DAVIS, CASSANDRA
6110 DONELY PLACE
SAN ANTONIO TX, FL 78247 US

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:

03/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: DAVIS, CASSANDRA
Address: 9808 WAYNESBORO AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: LEGGETT, LAVONIA
Address: 2981 N.W. 164 TERR.
City-St-Zip: OPALOCKA, FL 33054

Title: T () Delete
Name: SWAIN, JESSE
Address: 9808 WAYNESBORO AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: BOLTON, DEBORAH
Address: 8715 NORFOLK BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: DAVIS, JAKESHA
Address: 104 CAROLINA LAKE DR. APT. 204
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP (X) Change () Addition
Name: DAVIS, CASSANDRA E
Address: 6110 DONELY PLACE
City-St-Zip: SAN ANTONIO, TX 32208

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

Title: () Change () Addition
Name:
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: CASSANDRA E.DAVIS

TP

03/21/2006

Electronic Signature of Signing Officer or Director

Date