

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000343

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: ABBA FATHER MINISTRIES, INC.

## Current Principal Place of Business:

14207 HIGGINS ROAD  
SAN ANTONIO, TX 78217

## New Principal Place of Business:

6900 IH 35  
SAN ANTONIO, TX 78218

## Current Mailing Address:

P.O.BOX 34983  
SAN ANTONIO, TX 78265

## New Mailing Address:

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 E  
6110 DONELY PLACE  
SAN ANTONIO TX, FL 78247      US

## Name and Address of New Registered Agent:

DAVIS, CASSANDRA E  
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:

03/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TP      ( ) Delete  
Name: DAVIS, CASSANDRA E  
Address: 6110 DONELY PLACE  
City-St-Zip: SANTONIO ANTONIO, TX 78247

Title: S      ( ) Delete  
Name: EVETTE, WEST  
Address: 6846 FLAMING RIDGE  
City-St-Zip: SAN ANTONIO, TX 78109

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

Title: T      ( ) Delete  
Name: JAKESHA, DAVIS S  
Address: 23 RAE DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: T      ( ) Delete  
Name: TOOMER, PAMELA  
Address: 17394 S. W. 31 COURT  
City-St-Zip: MIRAMIR, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T      (X) Change ( ) Addition  
Name: EVETTE, WEST  
Address: 6846 FLAMING RIDGE  
City-St-Zip: SAN ANTONIO, TX 78109

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 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

03/16/2009

Electronic Signature of Signing Officer or Director

Date