

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90082 015 ****61.25

DOCUMENT # N01000000343

1. Entity Name
ABBA FATHER MINISTRIES, INC.



Principal Place of Business
**9808 WAYNEBORO AVE.
JACKSONVILLE, FL 32208**

Mailing Address
**8050 N.W. 24TH AVENUE
MIAMI, FL 33147**

2. Principal Place of Business
9808 Waynesboro Ave
Suite, Apt. #, etc.

3. Mailing Address
9808 Waynesboro Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32208 Country
Doual

Zip
32208 Country
Doual

4. FEI Number
48-1281402

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DAVIS, CASSANDRA
9808 WAYNEBORO AVE - waynesboro Ave
JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

DATE _____

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP DAVIS, CASSANDRA 9808 WAYNEBORO AVE - waynesboro Ave JACKSONVILLE, FL 32208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEGGETT, LAVONIA 1762 N W 91ST STREET MIAMI, FL 33147 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAIN, JESSE 9808 WAYNEBORO AVE waynesboro Ave JACKSONVILLE, FL 32208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Deborah Bolton 8715 Norfolk Blvd Jacksonville, FL 32208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cassandra Davis* **5/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)