

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90042 016 \*\*\*\*61.25

**DOCUMENT # N02000000839**

1. Entity Name  
ABIDING LOVE TABERNACLE OF FAITH, INC.



Principal Place of Business  
6304 NW GAINESVILLE RD  
OCALA, FL 34475

Mailing Address  
PO BOX 831994  
OCALA, FL 34483

40017861



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
02-0552154

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, CANDICE  
14460 SW 34TH TERR. RD.  
OCALA, FL 34473

Name  
CANDICE BARNETT

Street Address (P.O. Box Number is Not Acceptable)  
5380 SE 4th PLACE

City  
OCALA FL Zip Code  
34471

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 *Candice Barnett*

14 Feb. 07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CURMON, SONIA DR  
6208 MIDWAY DRIVE.  
OCALA, FL 34472 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CURMON, STEVE  
6208 MIDWAY DRIVE  
OCALA, FL 34472 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BARNETT, CANDICE PHD  
14460 SW 34TH TERR RD.  
OCALA, FL 34473 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FOLKS, JESSE M  
1421 SW 27TH AVE #211  
OCALA, FL 34474 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Gerald G. Seabrooks  
55 McDougal  
Brooklyn, N.Y. 11233 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 exemptions contained 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 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: *Sonia Curmon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07 352-8174701  
Date Daytime Phone #