2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N02000000839

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

Principal Place of Business	Mailing Address
6304 NW GAINESVILLE RD OCALA, FL 34475	PO BOX 831994 OCALA, FL 34483

DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
02-0552154	Not Applicable

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

6. Name and Address of Current Registered Agent

BARNETT, CANDICE
5380 SE 4TH PLACE
OCALA, FL 34471

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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 signature required when reinstating)   DATE

| **Filing Fee is $61.25**
Due by May 1, 2008 | **9.** Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

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

TITLE	V
NAME	SEABROOKS, GERALD
STREET ADDRESS	55 MCDOUGAL
CITY-ST-ZIP	BROOKLYN, NY 11233

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/08=80039-002 61.25

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* Pastor   2-21-08   352-629-47-42

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #