

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000839

FILED
Jan 29, 2009
Secretary of State

Entity Name: ABIDING LOVE TABERNACLE OF FAITH, INC.

Current Principal Place of Business:

6304 NW GAINESVILLE RD
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 831994
OCALA, FL 34483

New Mailing Address:

FEI Number: 02-0552154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARNETT, CANDICE
1850 SE 18TH AVE
1601
OCALA, FL 34471 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:

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURMON, SONIA DR
Address: 6208 MIDWAY DRIVE.
City-St-Zip: OCALA, FL 34472

Title: V () Delete
Name: SEABROOKS, GERALD
Address: 55 MCDUGAL
City-St-Zip: BROOKLYN, NY 11233

Title: SD () Delete
Name: BARNETT, CANDICE PHD
Address: 14460 SW 34TH TERR RD.
City-St-Zip: OCALA, FL 34473

Title: T () Delete
Name: FOLKS, JESSE M
Address: 1421 SW 27TH AVE #211
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CURMON, SONIA DR
Address: 3926 NE 22ND ST
City-St-Zip: OCALA, FL 34470

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

Title: SD (X) Change () Addition
Name: BARNETT, CANDICE PHD
Address: 1850 SE 18TH AVE # 1601
City-St-Zip: OCALA, FL 34471

Title: T (X) Change () Addition
Name: KELLY, PATRICIA
Address: 100 NW 23RD AVE #2606
City-St-Zip: OCALA, FL 34475

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: SONIA CURMON, PHD

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date