

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008460

FILED
Feb 24, 2006
Secretary of State

Entity Name: THE ABRAHAMIC FAITH BEACON PUBLISHING SOCIETY, INC.

Current Principal Place of Business:

10335 SW 35TH STREET
MIAMI, FL 331653811

New Principal Place of Business:

Current Mailing Address:

10335 SW 35TH STREET
MIAMI, FL 331653811

New Mailing Address:

FEI Number: 55-0850231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, FRANKLYNE H
10335 SW 35TH STREET
MIAMI, FL 331653811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROSS, FRANKLYNE H
Address: 10335 SW 35TH STREET
City-St-Zip: MIAMI, FL 331653811

Title: VD () Delete
Name: DRABENSTOTT, HERMAN
Address: 8000 N.W. WAUKOMIS DR
City-St-Zip: KANSAS CITY, MO 64151

Title: STD () Delete
Name: ROSS, WILSON P
Address: 18403 SW 88 PLACE
City-St-Zip: MIAMI, FL 331577160

Title: D () Delete
Name: CARPENTER, MARVIN
Address: 261 HUGHES LANE
City-St-Zip: DANVILLE, KY 404229288

Title: D () Delete
Name: FAZIO, NICK
Address: 201 SOUTH CHESTNUT ST
City-St-Zip: JEFFERSON, OH 440471314

Title: D () Delete
Name: LUTZ, RONALD
Address: 415 N.W. 29TH ST
City-St-Zip: GAINSVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: WILSON P ROSS

STD

02/24/2006

Electronic Signature of Signing Officer or Director

Date