2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001100

Entity Name: V.L.ABNEY MINISTRIES INC.

FILED Mar 21, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:											
2521 BOWLING GREEN WAY CANTONMENT, FL 32533 Current Mailing Address: 2521 BOWLING GREEN WAY CANTONMENT, FL 32533				701 NORTH S STREET PENSACOLA, FL 32505 New Mailing Address: 701 NORTH S STREET PENSACOLA, FL 32505											
								FEI Number:	: 20-8362887	FEI Number Applied For()	FEI Nun	nber Not App	licable ()	Certificate of Status Desire	ed ()
								Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
CANTONN The above	/LING GREEN MENT, FL 325		purpose o	f changing i	ts registered	office or registered agent,	or both,								
SIGNATUR															
	Electro	nic Signature of Registered Ag	jent			Date									
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND DI	RECTOR								
Title: Name: Address: City-St-Zip: Title: Name:	ABNEY, VERN 2521 BOWLIN CANTONMENT	G GREEN WAY		Title: Name: Address: City-St-Zip: Title: Name:	·) Change () Addition) Change (X) Addition									
Address: City-St-Zip:				Address: City-St-Zip:	2521 BOWLIN CANTONMEN	IG GREEN WAY Γ, FL 32533									
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	COMMODORI) Change (X) Addition E, ANTHONY W IG GREEN WAY T, FL 32533									
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (WILLIAMS, RI 10168 FOXRU PENSACOLA,	JN ROAD									
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (SAVAGE, LILL 813 MAPLEW PENSACOLA,	OOD CIRCLE									
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (SISTRUNK, K 221 CRAFT R PENSACOLA	OAD									

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: VERNON L. ABNEY P 03/21/2008