

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011727

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ABIDING HOPE MINISTRIES, INC.

**Current Principal Place of Business:**

1444 CAMP GILEAD RD  
POLK CITY, FL 33868

**New Principal Place of Business:**

120 CARTER BLVD.  
UNIT # 4  
POLK CITY, FL 33868

**Current Mailing Address:**

10241 RACHEL CHERIE DR  
POLK CITY, FL 33868

**New Mailing Address:**

**FEI Number:** 80-0653788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, LARRY C  
1024 RACHEL CHERIE DR  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

GOODMAN, LARRY C  
10241 RACHEL CHERIE DR  
POLK CITY, FL 33868 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:

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAFFORD, TOM  
Address: 512 EDGEWATER DR  
City-St-Zip: POLK CITY, FL 33868

Title: C  
Name: PAFFORD, LISA  
Address: 512 EDGEWATER DR  
City-St-Zip: POLK CITY, FL 33868

Title: VPD  
Name: MCCORD, GREG  
Address: 577 MARKLEN LOOP  
City-St-Zip: POLK CITY, FL 33868

Title: T  
Name: GOODMAN, LARRY C  
Address: 10241 RACHEL CHERIE DR  
City-St-Zip: POLK CITY, FL 33868

I hereby 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 all other like empowered.

SIGNATURE: LARRY C. GOODMAN

DIR.

04/24/2012

Electronic Signature of Signing Officer or Director

Date