FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE **130.00

DOCUMENT # N16062 (4)

1. Corporation Name
ABELINE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
% MARY ARCHER P.O. BOX 69 PUTNAM HALL FL 32185	% MARY ARCHER P.O. BOX 69 PUTNAM HALL FL 32185

3. Date Incorporated or Qualified: 06/25/1986
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2752737 — Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARCHER, MARY LEE
RT. 1 BOX 1595
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Lee Archer — 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	O'NEAL SR., BENNY	12 NAME		
STREET ADDRESS	PO BOX 58, HWY. 100	13 STREET ADDRESS		
CITY ST ZIP	PUTNAM HALL FL 32185	14 CITY ST ZIP		
TITLE	D	21 TITLE	C	☐ Change ☒ Addition
NAME	BELL, MICHELL	22 NAME	TR	Michael Baker Sr.
STREET ADDRESS	P.O. BOX 1 N/A	23 STREET ADDRESS		Chairman & Trustee Bd.
CITY ST ZIP	PUTNAM HALL FL 32185 deceased	24 CITY ST ZIP		P.O. Box 978 NH Melrose, FL 32666
TITLE	D	31 TITLE	T/S	☐ Change ☒ Addition
NAME	WILLIAMS, HERBERT L.	32 NAME		Marilyn Baker
STREET ADDRESS	820 SE 6TH AVENUE	33 STREET ADDRESS		Finance Secretary
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP		P.O. Box 978 NH Melrose, FL 32666
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	FLOWERS, JOHNNY L.	42 NAME		Evelyn Williams
STREET ADDRESS	RT. 2 BOX 2524	43 STREET ADDRESS		
CITY ST ZIP	MELROSE FL 32666	44 CITY ST ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, EVELYN	52 NAME		
STREET ADDRESS	P.O. BOX 7 S.R. 26	53 STREET ADDRESS		
CITY ST ZIP	PUTNAM HALL FL 32185	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HAYES, RALPH	62 NAME		
STREET ADDRESS	P.O. BOX 47 N/A	63 STREET ADDRESS		
CITY ST ZIP	PUTNAM HALL FL 32185	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY Archer Mary L. Archer 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Corporate Seal)

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