

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/25/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2752737

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE
NAME **O'NEAL SR., BENNY**
STREET ADDRESS **PO BOX 58, HWY. 100**
CITY-ST-ZIP **PUTNAM HALL FL 32185**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BELL, MICHELL**
STREET ADDRESS **P.O. BOX 1 N/A**
CITY-ST-ZIP **PUTNAM HALL FL 32185**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Samuel Eubanks**
2.3 STREET ADDRESS **Rt 2 Box 607**
2.4 CITY-ST-ZIP **Interlechen, FL 32148**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, HERBERT L.**
STREET ADDRESS **820 SE 6TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WILLIAMS, EVELYN**
STREET ADDRESS **RT. 2 BOX 2524**
CITY-ST-ZIP **MELROSE FL 32666**

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **BAKER, MARILYN D.**
4.3 STREET ADDRESS **P.O. BOX 978**
4.4 CITY-ST-ZIP **Melrose, FL 32666**

TITLE **CT** ☐ DELETE
NAME **BAKER, MICHAEL**
STREET ADDRESS **P.O. BOX 978 NA**
CITY-ST-ZIP **MELROSE FL 32666**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HAYES, RALPH**
STREET ADDRESS **P.O. BOX 47 N/A**
CITY-ST-ZIP **PUTNAM HALL FL 32185**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 L. Archer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY LEE ARCHER

3-4-96
Date

Daytime Phone #

CR2E037 (12/95)