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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 32185-0069

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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
03/08/1996

4. FEI Number
APPLIED FOR

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

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 *Mary Lee Archer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

February 3, 1997

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME EUBANKS, SAMUEL
STREET ADDRESS RT 2, BOX 607
CITY-ST-ZIP INTERLACHEN FL

TITLE D ☐ DELETE
NAME WILLIAMS, HERBERT L.
STREET ADDRESS 820 SE 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE T ☐ DELETE
NAME BAKER, MARILYN D.
STREET ADDRESS PO BOX 978
CITY-ST-ZIP MELROSE FL

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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 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.

Michael G. Baker

CR2E037 (9/96)