FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # N16062

(4)

1. Corporation	on Name	/_ (+)			
ABELII	NE MISSIONARY BAPTIST (CHURCH, INC.			
					./B.// B./B.// B./B.// B./B.// B./B.// B./B.//
Principal Plac	ce of Business	Mailing Address			/IDAN BIRDA DIDIN BROW RARK KUDI
% Lutri		%			··
P.O. BOX 69 P.O. BOX 69				3. Date Incorporated or Qualified	
PUTNAM HALL FL 32185 PUTNAM HALL FL 32185				06/25/1986 4. FEI Number	Taboliod For
				NOT APPLICABLE	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		_	\$8.75 Additional
21		26		6. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Stat	le .	City & State		Trust Fund Contribution 7. Is this nonprofit corporation a homeowner	Added to Fees
23		28		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
The second secon				10. Name and Address of New Registered	i Agent
APOLED ALADY A ED				Teresa Eduards	
ARCHER, MARY LEE			82 Street Add	ress (P.Q. Box Number is Not Acceptable)	+
AFI DOS FI 35000			83	02 300101 01160	1
77/10-01 1 1	WELFIOOE 1 E 32000			*	
			84 City In	Herlachen FI	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab- office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and acceptine obligations of, Section 617.0503, Florida Statu 					of changing its registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Stati				ation's board of directors. Thereby accept the ap	pointment as registered
SIGNATURE	_allieso well	NAMORE	\checkmark	3.22.48	
12.	Signature, typed or printed name of registered ag OFFICERS AN	pent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D OF TOURS AN	DELETE DELETE	1.1 TITLE	ADDITIONS/OFFINGED TO OUT IDEAS AN	Change Addition
NAME	O'NEAL SR., BENNY	—	1.2 NAME		
STREET ADDRESS	PO BOX 58, HWY. 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUTNAM HALL FL 32185		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	EUBANKS, SAMUEL		2.2 NAME		
STREET ADDRESS	RT 2, BOX 607		2.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL D	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	WILLIAMS, HERBERT L.	v	3.1 TITLE 3.2 NAME		L) Change L Modition
STREET ADDRESS	820 SE 6TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP		
TITLE	N/T	DELETE	4.1 TITLE		Change Addition
NAME	BAKER, MARILYN D.		4. 2 NAME		_ -
STREET ADDRESS	PO BOX 978 1/1A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		4.4 CITY-ST-ZIP		
TITLE	CT	☐ DELETE	5.1 TITLE		Change Addition
NAME	BAKER, MICHAEL		5.2 NAME		
STREET ADDRESS	P.O. BOX 978 NA		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666	D Drugge	5.4 CITY-ST-ZIP		[] A. [] 4.210(
TITLE	D HAVES DAIDH	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME 6705CT 4000556	HAYES, RALPH P.O. BOX 47 N/A		6.2 NAME		
STREET ADDRESS	PIU. BUA 47 N/A		6.3 STREET ADDRESS		

14. I 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 chapted, or on an attachment with an address.

CICMATUDE.

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3-1-98

R2E037 (10/97)

FILED

Mar 30 1998 8:00am

Secretary of State