

FILED

Mar 30 1998 8:00am
Secretary of State

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

(4)

ABILENE MISSIONARY BAPTIST CHURCH, INC.

Mailing Address

P.O. BOX 69
PUTNAM HALL FL 32185

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P.O. BOX 69
PUTNAM HALL FL 32185

2a. Mailing Address

21	Suite, Apt. #, etc.
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26	Suite, Apt. #, etc.
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City & State

City & State

Zip	Country
24	25

Zip		Country	
29		30	

9. Name and Address of Current Registered Agent

~~ARCHER, MARY LEE~~
~~RT. 1 BOX 1595~~
~~MELROSE FL 32660~~

10. Name and Address of New Registered Agent

81	Name	Teresa Edwards
82	Street Address (P.O. Box Number is Not Acceptable)	102 Sandy Street
83		
84	City	Interlachen

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

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

OFFICERS AND DIRECTORS

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

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

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

TITLE	T
NAME	BAKER, MARILYN D.
STREET ADDRESS	PO BOX 978 ~ 1A
CITY - ST - ZIP	MELROSE FL

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 changed, or on an attachment with an address.

SIGNATURE: Jeresa Edwards 3-7-98

CR2E037 (10/97)