

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16062

1. Entity Name

ABELINE MISSIONARY BAPTIST CHURCH, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90123 004 \*\*\*\*61.25

Principal Place of Business <b>ABILENE MISSIONARY BAPTIST CHURCH P.O. BOX 69 PUTNAM HALL FL 32185</b>	Mailing Address <b>ABILENE MISSIONARY BAPTIST CHURCH P.O. BOX 69 PUTNAM HALL FL 32185-0069</b>
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
- Fee Required -**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, TERESA  
102 SANDY ST  
INTERLACHEN FL 32148**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'NEAL SR., BENNY</b>	
STREET ADDRESS	<b>PO BOX 58, HWY. 100</b>	
CITY-ST-ZIP	<b>PUTNAM HALL FL 32185</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EUBANKS, SAMUEL</b>	
STREET ADDRESS	<b>RT. 2, BOX 607</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, HERBERT L.</b>	
STREET ADDRESS	<b>820 SE 6TH AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, MARILYN D.</b>	
STREET ADDRESS	<b>P O BOX 978 N/A</b>	
CITY-ST-ZIP	<b>MELROSE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CT</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, MICHAEL</b>	
STREET ADDRESS	<b>P.O. BOX 978 NA</b>	
CITY-ST-ZIP	<b>MELROSE FL 32666</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, RALPH</b>	
STREET ADDRESS	<b>P.O. BOX 47 N/A</b>	
CITY-ST-ZIP	<b>PUTNAM HALL FL 32185</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(352) 473-3063**

CR2E037 (9/99)