

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

DOCUMENT # N16062

1. Entity Name

ABELINE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

**ABILENE MISSIONARY BAPTIST CHURCH
P.O. BOX 69
PUTNAM HALL FL 32185**

Mailing Address

**ABILENE MISSIONARY BAPTIST CHURCH
P.O. BOX 69
PUTNAM HALL FL 32185**

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
After September 12, 2001, min. will be \$236.25**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **BAKER, MARILYN D.**
STREET ADDRESS **P O BOX 978 N/A**
CITY-ST-ZIP **MELROSE FL**

TITLE **T** ☐ Change ☐ Addition
NAME **ALFRED WILLIAMS, SR.**
STREET ADDRESS **P.O. BOX 7**
CITY-ST-ZIP **PUTNAM HALL FL 32185**

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

TITLE **CT** ☐ Change ☐ Addition
NAME **JAMES STRICKLAND**
STREET ADDRESS **P.O. BOX 1553**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

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

TITLE ☐ Change ☐ 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:

TERESA EDWARDS

7-22-01

164-3114

CR2E037 (5/01)