

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90288 034 ****61.25

DOCUMENT # N16062

1. Entity Name

ABELINE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

**ABELINE 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**



DO NOT WRITE IN THIS SPACE

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	D	<input type="checkbox"/> Delete
NAME	O'NEAL SR., BENNY	
STREET ADDRESS	PO BOX 58, HWY. 100	
CITY-ST-ZIP	PUTNAM HALL FL 32185	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUBANKS, SAMUEL	
STREET ADDRESS	RT 2, BOX 607	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, HERBERT L.	
STREET ADDRESS	820 SE 6TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALFRED SR	
STREET ADDRESS	P.O. BOX 7	
CITY-ST-ZIP	PUTNAM HALL FL 32185	
TITLE	CT	<input type="checkbox"/> Delete
NAME	STRICKLAND, JAMES	
STREET ADDRESS	P.O. BOX 1553	
CITY-ST-ZIP	HAWTHORNE FL 32840	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYES, RALPH	
STREET ADDRESS	P.O. BOX 47 N/A	
CITY-ST-ZIP	PUTNAM HALL FL 32185	

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

1-27-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)