


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90006 016 \*\*\*\*61.25

**DOCUMENT # N16062**  
 1. Entity Name  
**ABELINE MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**ABILENE MISSIONARY BAPTIST CHURCH** **ABILENE MISSIONARY BAPTIST CHURCH**  
**P.O. BOX 69** **P.O. BOX 69**  
**PUTNAM HALL FL 32185** **PUTNAM HALL FL 32185**

**54070535**



MOORE CR2E037 (4/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **NO-T APPLICABLE**  
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**EDWARDS, TERESA**  
**102 SANDY ST**  
**INTERLACHEN FL 32148**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EUBANKS, SAMUEL</b> <b>RT 2, BOX 607</b> <b>INTERLACHEN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, HERBERT L.</b> <b>820 SE 6TH AVENUE</b> <b>GAINESVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, ALFRED SR</b> <b>P.O. BOX 7</b> <b>PUTNAM HALL FL 32185</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>STRICKLAND, JAMES</b> <b>P.O. BOX 1553</b> <b>HAWTHORNE FL 32640</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLOWERS, JOHNNY L</b> <b>3539 SE 35 ST.</b> <b>MELROSE FL 32666</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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 **8/24/04** **972-0383 (386)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #