


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N16062 1. Entity Name ABELINE MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business ABELINE MISSIONARY BAPTIST CHURCH P.O. BOX 69 PUTNAM HALL FL 32185	Mailing Address ABELINE MISSIONARY BAPTIST CHURCH P.O. BOX 69 PUTNAM HALL FL 32185
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____
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
Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EUBANKS, SAMUEL RT 2, BOX 607 INTERLACHEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (02/28/05-80105-033 61.25)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, HERBERT L. 820 SE 6TH AVENUE GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, ALFRED SR P.O. BOX 7 PUTNAM HALL FL 32185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT STRICKLAND, JAMES P.O. BOX 1553 HAWTHORNE FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOWERS, JOHNNY L 3539 SE 35 ST. MELROSE FL 32666 <input type="checkbox"/> Delete	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"/> Delete	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

2-25-05 (386)972-0383