

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90067 032 ****61.25

DOCUMENT # N16062

1. Entity Name

ABELINE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

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

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T 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 **TERESA EDWARDS**

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

457 N. COUNTY ROAD 315

City **INTERLACHEN**

FL

Zip Code
32148

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, 2006

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FLOWERS, JOHNNY L**
CITY-ST-ZIP **3539 SE 35 ST.**
MELROSE FL 32666

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 6, 2006 (386) 684-3114

Date Daytime Phone #