


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90037 042 ****61.25

DOCUMENT # N16062 1. Entity Name ABELINE MISSIONARY BAPTIST CHURCH, INC.	
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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
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 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
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDWARDS, TERESA 457 N COUNTY RD 315 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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Delete D EUBANKS, SAMUEL RT 2, BOX 607 INTERLACHEN FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D WILLIAMS, HERBERT L. 820 SE 6TH AVENUE GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete T WILLIAMS, ALFRED SR P.O. BOX 7 PUTNAM HALL FL 32185
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete CT STRICKLAND, JAMES P.O. BOX 1553 HAWTHORNE FL 32640
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D FLOWERS, JOHNNY L 3539 SE 35 ST. MELROSE FL 32666
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DAVIS, THOMAS 121 PUTNAM HALL TRL. MELROSE, FL. 32185
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
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
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 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* **4/2/07 (386) 546-3477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #