

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 032 \*\*\*\*61.25

**DOCUMENT # N16062**

1. Entity Name

ABELINE MISSIONARY BAPTIST CHURCH, INC.



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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is used when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

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

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

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

TITLE ☐ Delete  
NAME DAVIS, THOMAS  
STREET ADDRESS 121 PUTNAM HALL TRL  
CITY- ST- ZIP MELROSE FL 32185

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME EDWARDS, ANTHONY  
STREET ADDRESS 457 N. CR-315  
CITY- ST- ZIP INTERLACHEN FL 32148

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

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

TITLE ☐ Change ☐ Addition  
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*

4-4-08 (386) 546-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR