

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16062

FILED
Apr 13, 2009
Secretary of State

Entity Name: ABILENE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

ABILENE MISSIONARY BAPTIST CHURCH
189 LOOP ROAD
PUTNAM HALL, FL 32185

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDWARDS, TERESA
457 N COUNTY RD 315
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, HERBERT L.
Address: 820 SE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL

Title: T () Delete
Name: EDWARDS, ANTHONY
Address: 457 N CR-315
City-St-Zip: INTERLACHEN, FL 32148

Title: CT () Delete
Name: STRICKLAND, JAMES
Address: P.O. BOX 1553
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: FLOWERS, JOHNNY L
Address: 3539 SE 35 ST.
City-St-Zip: MELROSE, FL 32666

Title: D () Delete
Name: DAVIS, THOMAS
Address: 121 PUTNAM HALL TRL
City-St-Zip: MELROSE, FL 32185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY EDWARDS

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date