
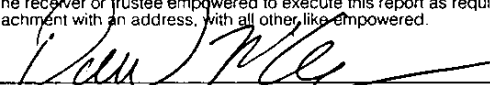


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90162 036 ****70.00

DOCUMENT # N31010 1. Entity Name DAVID MCABEE MINISTRIES INCORPORATED					
Principal Place of Business C/O DAVID A. MCABEE 1204 FAIRBURN AVENUE CLEARWATER, FL 34615		Mailing Address C/O DAVID A. MCABEE 1204 FAIRBURN AVENUE CLEARWATER, FL 34615			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip 33755	Country	Zip 33755	4. FEI Number 59-2945957		
6. Name and Address of Current Registered Agent MCABEE, DAVID A. 1204 FAIRBURN AVENUE CLEARWATER, FL 34615 33755			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33755		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCABEE, DAVID A. 1204 FAIRBURN AVENUE CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Same - Clearwater FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCABEE, PATRICIA JEAN 1204 FAIRBURN AVENUE CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Same - Clearwater FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete POYNTER, BARBARA 537 FISHER RD. PALM HARBOR, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ashryn McAbee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1260 Engman St. Apt 101 Clearwater FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GREEN, OTIS 1101 FAIRBURN AVE CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christi McAbee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1260 Engman St. Apt 101 Clearwater, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SLAUGHER, DANA 918 MOSS AVENUE CLEARWATER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Same - Clearwater, FL 33759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FYFE, WANDA 941 WEATHERSFIELD DR DUNEDIN, FL 34698		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 Chapter 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: 			Date 3/3/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		