


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 031 ****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 33755		Mailing Address C/O DAVID A. MCABEE 1204 FAIRBURN AVENUE CLEARWATER, FL 33755			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2945957	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCABEE, DAVID A. 1204 FAIRBURN AVENUE CLEARWATER, FL 33755			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCABEE, DAVID A.		NAME		
STREET ADDRESS	1204 FAIRBURN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCABEE, PATRICIA JEAN		NAME		
STREET ADDRESS	1204 FAIRBURN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCABRE, ASHRYN		NAME	McAbre, Ashryn	
STREET ADDRESS	1260 ENGMAN ST, APT 101		STREET ADDRESS	same	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	same	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCABEE, CHRISTI		NAME		
STREET ADDRESS	1260 ENGMAN ST., APT 101		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLAUGHER, DANA		NAME	Lett, Margaret, K	
STREET ADDRESS	918 MOSS AVE		STREET ADDRESS	625 Duchess Blvd	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FYFE, WANDA		NAME		
STREET ADDRESS	941 WEATHERSFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
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: <i>Patricia McAbree</i>		Sec/Treas <i>4/23/07</i>		Date <i>4/23/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



727-442-1620