

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003990**

1. Entity Name

ABIDING FAITH MINISTRIES, INC.**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90053 002 ****61.25

Principal Place of Business

**4909 MOBILE HWY
PENSACOLA FL 32505
US**

Mailing Address

**P.O. BOX 37044
PENSACOLA FL 32505
US**

2. Principal Place of Business

3104 Las Brisas Dr

Suite, Apt. #, etc.

Pensacola, FL

City & State

Zip

32526

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32526

Country

4. FEI Number

59-3298257

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STANBERRY, WILLIEMAE
3104 LAS BRISAS DRIVE
PENSACOLA FL 32526**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STANBERRY, JOSEPH SR.	
STREET ADDRESS	3104 LAS BRISAS DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	STANBERRY, WILLIEMAE	
STREET ADDRESS	3104 LAS BRISAS DRIVE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	DVC	<input type="checkbox"/> Delete
NAME	DAVIS, SHENITA	
STREET ADDRESS	1614C N 62ND AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Williemae Stanberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/24/01**
Date**850 455-2153**
Daytime Phone #

CR2E037 (10/00)