

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 040 ****61.25

DOCUMENT # N96000003990

1. Entity Name
ABIDING FAITH MINISTRIES, INC.



Principal Place of Business
**3104 LAS BRISAS DR
PENSACOLA, FL 32526 US**

Mailing Address
**P.O. BOX 37044
PENSACOLA, FL 32526 US**

40000400



04172008 No Chg-NP CR2E037 (4/06)

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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**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STANBERRY, JOSEPH SR.
STREET ADDRESS 3104 LAS BRISAS DRIVE
CITY-ST-ZIP PENSACOLA, FL

TITLE VSD
NAME STANBERRY, WILLIEMAE
STREET ADDRESS 3104 LAS BRISAS DRIVE
CITY-ST-ZIP PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Williemae Stanberry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 **850 455-2153**
Date Daytime Phone #