2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003993

1. Entity Name
ABIDING FAITH CHRISTIAN MINISTRY, INCORPORATED

Principal Place of Business	Mailing Address
6529 NW 39TH AVE GAINESVILLE, FL 32606 US	PO BOX 357234 GAINESVILLE, FL 32635-7234 US

04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3391905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COWART, JOHN S
10827 NW 15TH PLACE
GAINESVILLE, FL 32606

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	STUBBS, PATRICIA A
STREET ADDRESS	5922 NW 27 TERR
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	DT
NAME	COWART, JOHN S
STREET ADDRESS	10827 NW 15TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	ST
NAME	STOKES, BRIDGET L W
STREET ADDRESS	16006 NW 47TH CT
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	PT
NAME	FLEMING, WALTER L
STREET ADDRESS	3005 NW 76TH TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	TT
NAME	GREENE, ANTHONY F
STREET ADDRESS	7320 NW 47 COURT
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000533148
05/06/06-80114-004 61.25

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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: Bridget L. Stokes Bridget L. Stokes 4/23/06 352-219-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #