2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90204 022 ****61.25

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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

04152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
COWART, JOHN S 10827 NW 15TH PLACE GAINESVILLE, FL 32606	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VT STUBBS, PATRICIA A 5922 NW 27 TERR GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STUBBS, PATRICIA A	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COWART, JOHN S 10827 NW 15TH PLACE GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COWART, JOHN S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STOKES, BRIDGET L W 16006 NW 120TH PLACE ALACHUA, FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOKES, BRIDGET L	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT FLEMING, WALTER L 3005 NW 76TH TERR GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLEMING, WALTER L JR.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT GREENE, ANTHONY F 7320 NW 47 COURT GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREENE, ANTHONY F	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Bridget L. Stokes Bridget L. Stokes 4-24-2008 (352) 219-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #