

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003993

FILED
Apr 01, 2011
Secretary of State

Entity Name: ABIDING FAITH CHRISTIAN MINISTRY, INCORPORATED

Current Principal Place of Business:

6529 NW 39TH AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 357234
GAINESVILLE, FL 326357234 US

New Mailing Address:

FEI Number: 59-3391905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STUBBS, PATRICIA A
Address: 5922 NW 27 TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: TRUS
Name: COWART, JOHN S
Address: 10827 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: SECR
Name: STOKES, BRIDGET L
Address: 16006 NW 120TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: TRES
Name: FLEMING, WALTER L JR.
Address: 3005 NW 76TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: TRUS
Name: GREENE, ANTHONY F
Address: 7320 NW 47 COURT
City-St-Zip: GAINESVILLE, FL 32606

Title: TRUS
Name: BURESCH, MARCIA
Address: 4212 NW 73 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIDGET L. STOKES

SECR

04/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date