

DOCUMENT # N98000001816

1. Entity Name

ABIDE MINISTRIES, INCORPORATED

Principal Place of Business

1440 17TH STREET. S.W.
NAPLES FL 34117

Mailing Address

1440 17TH STREET. S.W.
NAPLES FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3506635

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, MICHAEL R
1440 17TH STREET, S.W.
NAPLES FL 34117

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL R	
STREET ADDRESS	1440 17TH STREET, S.W.	
CITY-ST-ZIP	NAPLES FL 34117	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, C. RENEE	
STREET ADDRESS	1440 17TH STREET, S.W.	
CITY-ST-ZIP	NAPLES FL 34117	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MCGRAW, STEVE V	
STREET ADDRESS	6023 HOLLOW DR.	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, DWIGHT	
STREET ADDRESS	2644 RIVER REACH DR.	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAVIELLO, MICHAEL A JR. PA	
STREET ADDRESS	1025 FIFTH AVE. NORTH	
CITY-ST-ZIP	NAPLES FL 34102	

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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSHUA PEREZ	
STREET ADDRESS	5242 17TH PL. S.W.	
CITY-ST-ZIP	NAPLES, FL. 34116	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01

941-455-0666

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90015 038 ****61.25



DO NOT WRITE IN THIS SPACE