

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

7. Name and Address of New Registered Agent

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

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SMITH, MICHAEL R  
STREET ADDRESS 1440 17TH STREET, S.W.  
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME SMITH, C. RENEE  
STREET ADDRESS 1440 17TH STREET, S.W.  
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MCGRAW, STEVE V  
STREET ADDRESS 6023 HOLLOW DR.  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME POWELL, DWIGHT  
STREET ADDRESS 2844 RIVER REACH DR.  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PEREZ, JOSHUA  
STREET ADDRESS 5242 17TH PL SW  
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Michael R. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

941-455-0666

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)