


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # N98000001816 1. Entity Name ABIDE MINISTRIES, INCORPORATED	
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Principal Place of Business 1440 17TH STREET, S.W. NAPLES, FL 34117	Mailing Address 1440 17TH STREET, S.W. NAPLES, FL 34117
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3506635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, MICHAEL R 1440 17TH STREET, S.W. NAPLES, FL 34117
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL R 1440 17TH STREET, S.W. NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, C. RENEE 1440 17TH STREET, S.W. NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGRAW, STEVE V 6023 HOLLOW DR. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, DWIGHT 2644 RIVER REACH DR. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSHUA 5242 17TH PL SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000224269
02/10/05-80081-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <u>Michael R. Smith (President)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-8-05</u> <small>Date</small>	<u>239-455-0666</u> <small>Daytime Phone #</small>
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