2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# N98000001816

Entity Name: ABIDE MINISTRIES, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3506635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MICHAEL R
1440 17TH STREET, S.W.
NAPLES, FL 34117 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: PD ( ) Delete
Name: SMITH, MICHAEL R
Address: 1440 17TH STREET, S.W.
City-St-Zip: NAPLES, FL 34117

Title: VPD ( ) Delete
Name: SMITH, C. RENEE
Address: 1440 17TH STREET, S.W.
City-St-Zip: NAPLES, FL 34117

Title: STD ( ) Delete
Name: MCGRAW, STEVE V
Address: 6023 HOLLOW DR.
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: POWELL, DWIGHT
Address: 2644 RIVER REACH DR.
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: PEREZ, JOSHUA
Address: 5242 17TH PL SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL R. SMITH PD 02/26/2008

Electronic Signature of Signing Officer or Director — Date