

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001816

FILED  
Feb 17, 2010  
Secretary of State

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

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

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

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

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

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: MICHAEL R. SMITH

PRES

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date