

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000064100

1. Entity Name  
A-B FUND, INC.



Principal Place of Business  
108 W NEW HAVEN AVENUE  
MELBOURNE, FL 32901

Mailing Address  
0-320 BYRON ROAD  
BYRON CENTER, MI 49315



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0475283

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HEDMAN, G.W.  
108 W NEW HAVEN AVE  
MELBOURNE, FL 32901

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000894995  
04/24/08-80050-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GUINN, REV. WAYNE
STREET ADDRESS	1100 DORCHESTER AVE.
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	S
NAME	HEDMAN, G.W.
STREET ADDRESS	108 W. NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

*Joyce M. Koon* Joyce M. Koon

4-10-08 (616) 896-1014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assistant To Secretary