

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010557

**Entity Name:** ABRAHAM'S SEED (FC) CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

4495 MOUNT PLEASANT ROAD  
QUINCY, FL 32352

**Current Mailing Address:**

POST OFFICE BOX 75  
QUINCY, FL 32353

**FEI Number:** 46-4274679

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SMITH, VIRGINIA C  
5460 COLLINS CHAPEL ROAD  
MALONE, FL 32445 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            SMITH, VIRGINIA C  
Address        5460 COLLINS CHAPEL ROAD  
City-State-Zip: MALONE FL 32445

Title            VP  
Name            SMITH, AROCK  
Address        5460 COLLINS CHAPEL ROAD  
City-State-Zip: MALONE FL 32445

Title            SECT  
Name            IVEY, UGREENAL  
Address        138 GENE WILLIAMS ROAD  
City-State-Zip: QUINCY FL 32351

Title            D  
Name            IVEY, BRUCE  
Address        138 GENE WILLIAMS ROAD  
City-State-Zip: QUINCY FL 32351

Title            D  
Name            UPSHAW, JERRY  
Address        4258 6TH AVE.  
City-State-Zip: MARIANNA FL 32446

Title            D  
Name            BOUIE, DEXTER  
Address        1219 LIVE OAK STREET  
City-State-Zip: QUINCY FL 32351

*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:** UGREENAL IVEY

**SECRETARY**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date