

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16062

Entity Name: ABILENE MISSIONARY BAPTIST CHURCH, INC.**Current Principal Place of Business:**ABILENE MISSIONARY BAPTIST CHURCH
187 LOOP ROAD
PUTNAM HALL, FL 32185**Current Mailing Address:**ABILENE MISSIONARY BAPTIST CHURCH
P.O. BOX 69
PUTNAM HALL, FL 32185**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EDWARDS, TERESA
457 N COUNTY RD 315
INTERLACHEN, FL 32148 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	D
Name	DAVIS, EUGENE
Address	P O BOX 103
City-State-Zip:	GRANDIN FL 32138

Title	TRUSTEE
Name	EDWARDS, ANTHONY TYRONE SR.
Address	457 NORTH CR 315
City-State-Zip:	INTERLACHEN FL 32148

Title	TRUSTEE
Name	DAVIS, FELTON
Address	303 7TH WAY
City-State-Zip:	INTERLACHEN FL 32148

Title	TRUSTEE
Name	BESS, FREDRICK
Address	7829 STATE ROAD 100 #14
City-State-Zip:	KEYSTONE HEIGHTS FL 32656
Title	PASTOR
Name	MCCLENDON, FRANKIE SR.
Address	203 CHESSER MONROE RD
City-State-Zip:	HAWTHORNE FL 32640

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: ANTHONY EDWARDS**TRUSTEE****05/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date