

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003993

Entity Name: ABIDING FAITH CHRISTIAN MINISTRY, INCORPORATED**Current Principal Place of Business:**6529 NW 39TH AVE
GAINESVILLE, FL 32606**Current Mailing Address:**PO BOX 357234
GAINESVILLE, FL 32635-7234 US**FEI Number: 59-3391905****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COWART, JOHN S
10827 NW 15TH PLACE
GAINESVILLE, FL 32606 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	STUBBS, PATRICIA A
Address	5922 NW 27 TERR
City-State-Zip:	GAINESVILLE FL 32653

Title	SECR
Name	STOKES, BRIDGET L
Address	16006 NW 120TH PLACE
City-State-Zip:	ALACHUA FL 32615

Title	TRUS
Name	GREENE, ANTHONY F
Address	7320 NW 47 COURT
City-State-Zip:	GAINESVILLE FL 32606

Title	TRUSTEE
Name	PETERSON, ALICE
Address	15621 NW 138TH DRIVE
City-State-Zip:	ALACHUA FL 32615

Title	TRUS
Name	COWART, JOHN S
Address	10827 NW 15TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	TRES
Name	FLEMING, WALTER LJR.
Address	3005 NW 76TH TERR
City-State-Zip:	GAINESVILLE FL 32606

Title	TRUS
Name	BURESCH, MARCIA
Address	4212 NW 73 TERRACE
City-State-Zip:	GAINESVILLE FL 32606

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: WALTER L. FLEMING JR.**TREASURER****04/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date