2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2025
Secretary of State
0429171187CC

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Entity Name: ABIDING FAITH CHRISTIAN MINISTRIES, INC.

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

Title	TRUSTEE
Name	HARMON, ISAIAH DR.
Address	9370 SW 102ND TERRACE
City-State-Zip:	GAINESVILLE FL 32608

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	TRUSTEE
Name	WRIGHT, ANGELA
Address	621 SW 5TH STREET
City-State-Zip:	GAINESVILLE FL 32601

Title	TRUSTEE
Name	BURESCH, MARCIA DR.
Address	132 WATERSIDE CROSSING DRIVE
City-State-Zip:	ST. PETERS MO 63376

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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: BLS BRIDGET L. STOKES SECRETARY 04/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	HOGANS, STEPHANIE
Address	4123 GREEN RIVER PLACE
City-State-Zip:	MIDDLEBURG FL 32068