

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000215

Entity Name: ABEL MINISTRIES, INC.**Current Principal Place of Business:**1501 COASTAL BAY BLVD
BOYNTON BEACH, FL 33435**Current Mailing Address:**1501 COASTAL BAY BLVD
BOYNTON BEACH, FL 33435**FEI Number:** 65-0588181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABEL, L. ROGER
1501 COASTAL BAY BLVD
BOYNTON BEACH, FL 33435 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	PCD
Name	ABEL, L R
Address	1501 COASTAL BAY BLVD
City-State-Zip:	BOYNTON BEACH FL 33435

Title	SD
Name	CLARK, ANN
Address	691 HENDERSON FALLS ROAD
City-State-Zip:	TOCCOA GA 30577

Title	D
Name	GOING, GRETCHEN
Address	205 AFTON PLACE
City-State-Zip:	BOSSIER CITY LA 71112

Title	VD
Name	ABEL, BEVERLY G
Address	1501 COASTAL BAY BLVD
City-State-Zip:	BOYNTON BEACH FL 33435

Title	D
Name	GOING JR, ROBERT E
Address	205 AFTON PLACE
City-State-Zip:	BOSSIER CITY LA 71112

Title	D
Name	FRAZIER, PAT
Address	143 PALLADIUM LANE
City-State-Zip:	SHREVEPORT LA 71115

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: L.R. ABEL

PCD

03/31/2018

Electronic Signature of Signing Officer/Director Detail_____
Date