

Jason Kander Secretary of State
 2013 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 201329080113
 E00727467
 Date Filed: 10/17/2013
 Jason Kander
 Secretary of State

REPORT DUE BY: 08/31/2013

E00727467
ABM MINISTRIES, INC.
Musgrave, Larry
RR3 Box 34725
Piedmont, MO 63957

ORGANIZED UNDER THE LAWS OF:
Tennessee

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
RR 3 Box 34725
 STREET
Piedmont, MO 63957
 CITY/STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.
 The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
 The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

<p style="text-align: center;">OFFICERS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u> A</p> <p>PRES <u>Larry Musgrave</u> STREET/RT <u>RR3 Box 34725</u> CITY/STATE/ZIP <u>Piedmont, MO 63957</u></p> <p>V-PRES</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p> <p>SEC'Y <u>Carmen Musgrave</u> STREET/RT <u>RR3 Box 34725</u> CITY/STATE/ZIP <u>Piedmont, MO 63957</u></p> <p>TREAS</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p> <p style="text-align: center;">NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p>	<p style="text-align: center;">BOARD OF DIRECTORS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u> B</p> <p>NAME <u>Reed Goodman</u> STREET/RT <u>RR3 Box 34725</u> CITY/STATE/ZIP <u>Piedmont, MO 63957</u></p> <p>NAME <u>Carmen Musgrave</u> STREET/RT <u>RR3 Box 34725</u> CITY/STATE/ZIP <u>Piedmont, MO 63957</u></p> <p>NAME <u>Larry Musgrave</u> STREET/RT <u>RR3 Box 34725</u> CITY/STATE/ZIP <u>Piedmont, MO 63957</u></p> <p>NAME</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p>
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4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Larry Musgrave (Required)

Please print name and title of signer: Larry Musgrave / president
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$10.00 If filed on or before 8/31
 ___ \$15.00 If filed after 8/31

Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102