


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 08 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705104** (8)
 1. Corporation Name
CENTRAL CHURCH OF THE NAZERENE OF MIAMI, FLORIDA, INC.

Principal Place of Business 1300 N W 95TH STREET MIAMI FL 33147	Mailing Address 1300 N W 95TH STREET MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	30

3. Date Incorporated or Qualified 01/24/1963	3a. Date of Last Report 02/29/1996
4. FEI Number 59-6136779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WELLS RANDALL K
 162 NE 112 ST
 MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name ONESIMO POT
82 Street Address (P.O. Box Number is Not Acceptable) 162 NE 112 STREET
83 City NORTH MIAMI, FL 33161
84 State FL
85 Zip Code 33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *S.O. Pot* DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PICKETT, JUDITH L.	
STREET ADDRESS	8511012 COUNTRY MANOR #403	
CITY-ST-ZIP	DAVIE FL	
TITLE	SD	DELETE
NAME	WILSON, GERRY	
STREET ADDRESS	13335 NW 18 CT	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	PDC	DELETE
NAME	WELLS, RANDALL K	
STREET ADDRESS	162 NE 122ND ST	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PICKETT, JUDITH L.	
1.3 STREET ADDRESS	8511 OLD COUNTRY MANOR #403	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
2.1 TITLE	S/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAPE, PAMELA	
2.3 STREET ADDRESS	5701 W 9 LANE	
2.4 CITY-ST-ZIP	HIALEAH, FL 33012	
3.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POT, ONESIMO	
3.3 STREET ADDRESS	162 NE 112 STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33161	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANICE ST. LOUIS	
4.3 STREET ADDRESS	1830 NE 142ND STREET, #8-D	
4.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

\$dep by bank \$61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *JANICE ST. LOUIS* DATE *7/21/97* (305)696-1412

CR2E037 (4/97)