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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709537 (5)

1. Corporation Name
SARAMANA BIBLE CENTER. INC.



Principal Place of Business Mailing Address
4445 LOCKWOOD RIDGE RD S SARASOTA FL 34277 US
149 ALGIERS DR VENICE FL 34283-4104 US

3. Date Incorporated or Qualified 09/02/1965
3a. Date of Last Report 02/15/1996

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 28 Zip Country
24 25 29 30
4. FEI Number 23-7029864 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRADY, S P
149 ALGIERS DR
VENICE FL 34283
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [DELETE]	1.1 TITLE	[Change] [Addition]
NAME	BEARCE, WENDELL	1.2 NAME	
STREET ADDRESS	426 TRACY LANE APT. #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLAIRSVILLE OH	1.4 CITY-ST-ZIP	
TITLE	VD [DELETE]	2.1 TITLE	[Change] [Addition]
NAME	SUTTON, PERCY	2.2 NAME	
STREET ADDRESS	166 GOLDEN GATE PT #B	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD [DELETE]	3.1 TITLE	[Change] [Addition]
NAME	BARROWMAN, DON	3.2 NAME	
STREET ADDRESS	3015 EDEN MILLS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	S [DELETE]	4.1 TITLE	[Change] [Addition]
NAME	BRADY, S PAUL	4.2 NAME	
STREET ADDRESS	149 ALGIERS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	[DELETE]	5.1 TITLE	[Change] [Addition]
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[DELETE]	6.1 TITLE	[Change] [Addition]
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: (S.P. BRADY) [Signature] 2-3-97 941-493-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DATE DAYTIME PHONE # 941-493-5015

CR2E037 (9/96)