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Mar 13 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 # N14840 (5)

1. Corporation Name
GOD'S CHOSEN FAST MINISTRIES, INC.



Principal Place of Business

Mailing Address

5629 OAK PLACE
BETHESDA MD 20817
US

13501 UPPER MANATEE RIVER RD.
BRADENTON FL 34202-9797
US

3. Date Incorporated or Qualified
05/09/1986

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2706776

Applied For
Not Applicable

21 | Suite, Apt. #, etc.

26 | 5629 Oak Place
27 | Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional
Fee Required

22 | City & State

27 | City & State
28 | Bethesda MD

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

23 | Zip | Country

29 | 20817-3525 | 30 | U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24 | | 25 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, DONNA S
837 FAIRFAX DR.
PT. CHARLOTTE FL 33948

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 617.1506, 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

Signature of person providing name of registered agent, if that applies

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TARABA, GEORGE
STREET ADDRESS 17040 MALTA AVE.
CITY-ST-ZIP PT. CHARLOTTE FL
TITLE VD
NAME ROCHE, ED
STREET ADDRESS 220 DAKOTA STREET
CITY-ST-ZIP FARMINGTON MO
TITLE STD
NAME SMITH, KAREN F.
STREET ADDRESS 13501 UPPER MANATEE RIVER RD.
CITY-ST-ZIP BRADENTON FL

1.1 TITLE P/D
1.2 NAME McCann, James
1.3 STREET ADDRESS 5629 Oak Place
1.4 CITY-ST-ZIP Bethesda MD 20817
2.1 TITLE V/D
2.2 NAME Chastain, Robb
2.3 STREET ADDRESS 13280 Waterloo Rd.
2.4 CITY-ST-ZIP Waynesboro PA 17268
3.1 TITLE S/T/D
3.2 NAME McCann, Sandra
3.3 STREET ADDRESS 5629 Oak Place
3.4 CITY-ST-ZIP Bethesda MD 20817

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13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 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 is a correct one 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:

Robb Chastain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1, 1997