

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 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 # N16504 (5)
1. Corporation Name
HEIRS OF GOD EVANGELISTIC MINISTRIES, INC.



Principal Place of Business RT 16 BOX 500 LAKE CITY FL 32055 US	Mailing Address RT 16 BOX 500 LAKE CITY FL 32055-9816 US
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3. Date Incorporated or Qualified 08/25/1986	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 Rt 7 Box 648-4	2a. Mailing Address 26 Rt 7 Box 648-4
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4. FEI Number 59-2870342	Applied For <input type="checkbox"/> Not Applicable
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22	27
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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23 City & State Lake City	28 City & State Lake City
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6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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24 Zip 32055	25 Country Columbia	29 Zip 32055	30 Country Columbia
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**BOSTON, GEORGE
RT 16 BOX 500 (HWY 4110)
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent
81 Name **Boston George**
82 Street Address (P.O. Box Number is Not Acceptable) **Rt 7 Box 648-4 (Hwy 100-A)**
83
84 City **Lake City** FL 85 Zip Code **32055-**

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		DELETED
TITLE	PCD	<input type="checkbox"/>
NAME	BOSTON, GEORGE	
STREET ADDRESS	P.O. BOX 6196 N/A	
CITY-ST-ZIP	LULU FL 32061	
TITLE	ST	<input type="checkbox"/>
NAME	GODFREY, ALICE	
STREET ADDRESS	209 E. HILLSBORO ST.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/>
NAME	COLLINS, WILLIE	
STREET ADDRESS	1460 DYSON ST.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/>
NAME	COLLINS, CURLIE	
STREET ADDRESS	1460 DYSON ST.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

CR2E037 (9/96)