


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30003** (0)

1. Corporation Name

SEAMEN'S CHURCH INSTITUTE OF FLORIDA INC.

Principal Place of Business

Mailing Address

1800 SE 32ND ST
HOLLYWOOD FL 33316
US

P.O. BOX 13034
FORT LAUDERDALE, FL 33316-0100



3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0123576		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLEDGE, ALLAN
2100 PONCE DE LEON BLVD.
SUITE 600
MIAMI FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLEDGE, ALLAN	1.2 NAME	
STREET ADDRESS	2100 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILLARD	2.2 NAME	
STREET ADDRESS	1925 S.E. 25TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBISHLEY, FRANK	3.2 NAME	
STREET ADDRESS	14260 OLD CUTLER RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESENBRING, DAVID	4.2 NAME	
STREET ADDRESS	1700 N.W. N. RIVER DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, CALVIN O.	5.2 NAME	
STREET ADDRESS	525 N.E. 15TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL	5.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER, JAMES D	6.2 NAME	
STREET ADDRESS	3100 NE 48TH ST, #913	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	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:

SIGNATURE REQUIRED

5/15/97

954/467-7330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954/467-7330

CR2E037 (9/96)