


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 19 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 # N92000000430 (0)
 1. Corporation Name
THE PEOPLE OF GOD FOUNDATION, INC.



Principal Place of Business % JCA 8505 SAN JOSE BLVD. JACKSONVILLE FL 32217	Mailing Address 2207 ALICIA LANE ATLANTIS BEACH FL 32233
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1992	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 3949 Atlantic Blvd.	2a. Mailing Address 26	4. FEI Number 59-3155817	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Jacksonville FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32209	Country 25 Danl	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHNSTON, DAVID REV
2207 ALICIA LANE
ATLANTIC BEACH FL 32233

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSTON, DAVID REV
STREET ADDRESS	2207 ALICIA LANE
CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLLOWAY, CHARLES T
STREET ADDRESS	14814 FALLING CREEK DRIVE, SUITE 100
CITY-ST-ZIP	HOUSTON TX 77068
TITLE	D <input type="checkbox"/> DELETE
NAME	SISLER, JUDITH
STREET ADDRESS	9143 PHILLIPS HIGHWAY, SUITE 280
CITY-ST-ZIP	JACKSONVILLE FL 32258
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMONIC, NICHOLAS T
STREET ADDRESS	8280 PRINCETON SQUARE W. STE. 5
CITY-ST-ZIP	JACKSONVILLE FL 32258
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input 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	

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 _____

CR2E037 (4/97)