


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000571 (9)**  
1. Corporation Name  
**SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINIS TRY, INCORPORATED**



Principal Place of Business <b>17325 NW 27TH AVENUE SUITE 100 MIAMI FL 33054</b>	Mailing Address <b>17325 NW 27TH AVENUE SUITE 100 MIAMI FL 33056-4000</b>
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3. Date Incorporated or Qualified <b>01/28/1994</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>65-0491594</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**STEWART, GERALD B  
505 N LIBERTY ST  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MAGWOOD, TRACY B</b>
STREET ADDRESS	<b>19477 NE 10TH AVENUE APT 209</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARDS, SARA</b>
STREET ADDRESS	<b>1314 NW 9TH TER</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33311</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PALMER, MICHAEL J</b>
STREET ADDRESS	<b>85 NE 160TH STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33162</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FAIRCLOUGH, SHARON</b>
STREET ADDRESS	<b>2807 HICKORY CIR</b>
CITY-ST-ZIP	<b>MIMS FL 32754</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PALMER, PAMELA C</b>
STREET ADDRESS	<b>85 NE 160TH STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33162</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MAGWOOD, ANTONIO S</b>
STREET ADDRESS	<b>19477 NE 10TH AVENUE APT 209</b>
CITY-ST-ZIP	<b>MIAMI FL 33179</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Magwood, Tracy B.</b>
1.3 STREET ADDRESS	<b>2409 S.W. 61st Avenue</b>
1.4 CITY-ST-ZIP	<b>Miramar, Florida 33023</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Richards, Sarah</b>
2.3 STREET ADDRESS	<b>17740 N.W. 57th Avenue Apt 605</b>
2.4 CITY-ST-ZIP	<b>Miami, Florida 33015</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Palmer, Micheal J.</b>
3.3 STREET ADDRESS	<b>19070 N.W. 57th Avenue Apt 109</b>
3.4 CITY-ST-ZIP	<b>Miami, Florida 33015</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>100002179401</b>
4.3 STREET ADDRESS	<b>-05/15/97--01015--018</b>
4.4 CITY-ST-ZIP	<b>***61.25</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Palmer, Pamela C.</b>
5.3 STREET ADDRESS	<b>19070 N.W. 57th Avenue Apt 109</b>
5.4 CITY-ST-ZIP	<b>Miami, Florida 33015</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Magwood, Antonio S.</b>
6.3 STREET ADDRESS	<b>2409 S.W. 61st Avenue</b>
6.4 CITY-ST-ZIP	<b>Miramar, Florida 33023</b>

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: Sharon Fairclough 2-12-96 (305) 625-7115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025061

CR2E037 (9/96)