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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000571 (9)
1. Corporation Name
SAINTS ON THE MOVE FOR CHRIST EVANGELISTIC MINISTRY, INCORPORATED



Principal Place of Business: 17325 NW 27TH AVENUE SUITE 100 MIAMI FL 33054
Mailing Address: 17325 NW 27TH AVENUE SUITE 100 MIAMI FL 33054

3. Date Incorporated or Qualified: 01/28/1994
4. FEI Number: 65-0491594
Applied For: Not Applicable

2. Principal Place of Business
21 17325 N.W. 27th Avenue
22 Suite, Apt. #, etc. 100
23 City & State Miami, Florida
24 Zip 33056
25 Country U.S.A.

2a. Mailing Address
26 17325 N.W. 27th Avenue
27 Suite, Apt. #, etc. 100
28 City & State Miami, Florida
29 Zip 33056
30 Country U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGWOOD, TRACY B	
STREET ADDRESS	2409 S.W. 61ST AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, SARA	
STREET ADDRESS	17740 N.W. 67TH AVENUE APT 605	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, MICHAEL J	
STREET ADDRESS	19070 N.W. 57TH AVENUE APT 109	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAIRCLOUGH, SHARON	
STREET ADDRESS	2807 HICKORY CIR	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, PAMELA C	
STREET ADDRESS	19070 N.W. 57TH AVENUE APT 109	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGWOOD, ANTONIO S	
STREET ADDRESS	2409 S.W. 61ST AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33023	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(Officer) Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Angelo Lumpkin	
1.3 STREET ADDRESS	605 N.W. 65th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33147	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MORIQUE BROXTON	
2.3 STREET ADDRESS	936 Dr. Martin Luther King Blvd	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
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		

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14. I 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* 3-2-98 (95)625-7115

CR2E037 (10/97)