

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
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DOCUMENT # N94000002930 (5)
 1. Corporation Name
ONESIMUS EVANGELISTIC MINISTRIES, INC.



Principal Place of Business 4752 AMOY COURT ORLANDO FL 32805	Mailing Address 4752 AMOY COURT ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1994		3a. Date of Last Report 10/28/1996	
21		26		4. FEI Number 59-3252750		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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				10. Name and Address of New Registered Agent			
WADE, ANDREW 4752 AMOY CT. ORLANDO FL 32805				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Andrew Wade Andrew Wade
 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, ANDREW	1.2 NAME	
STREET ADDRESS	4752 AMOY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHURST, JULIA E	2.2 NAME	WADE, JULIA E.
STREET ADDRESS	4739 SPANIEL ST.	2.3 STREET ADDRESS	4739 SPANIEL ST.
CITY-ST-ZIP	ORLANDO FL 32818	2.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DEBREITA	3.2 NAME	Taylor, DEBREITA
STREET ADDRESS	482 LAKE BRIDGE LANE, APT 1221	3.3 STREET ADDRESS	157 KENT ST.
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	ORLANDO, FLA 32805
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PARIS	4.2 NAME	
STREET ADDRESS	1200 THOUSAND OAKS	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARROW, LAWRENCE	5.2 NAME	
STREET ADDRESS	3809 PIPES O THE GLENWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, ROBIN	6.2 NAME	
STREET ADDRESS	6060 SCOTCHWOOD GLENN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO 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 Andrew Wade SIGNATURE REQUIRED Andrew Wade (147) 899 2174

CR2E037 (4/97)