

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # N94000006303 (1)**

1. Corporation Name  
**PROSTITUTION ALTERNATIVES MINISTRY, INC.**



Principal Place of Business: 1399 WESTCHESTER DRIVE WEST WEST PALM BEACH FL 33417  
Mailing Address: 1399 WESTCHESTER DRIVE WEST WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified: 12/23/1994  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0550093  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**RAYBURN, DAVID DR.  
1399 WESTCHESTER DRIVE WEST  
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
81 Name: Rayburn, David  
82 Street Address (P.O. Box Number is Not Acceptable): 1399 Westchester Drive west  
83 City: West Palm Beach, FL 33417  
84 City: West Palm Beach, FL 33417  
85 Zip Code: 33417

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: Hope N. Straughan, David Rayburn, President  
DATE: 3/1/96

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	RAYBURN, DAVID P	
STREET ADDRESS	1399 WESTCHESTER DR. WEST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SCALES, LAINE M PHD	
STREET ADDRESS	227 ARLINGTON RD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STRAUGHAN, HOPE H	
STREET ADDRESS	129 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33417
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33405
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33436
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Hope N. Straughan, David Rayburn, President  
DATE: 3/1/96  
TELEPHONE: (407) 803-2583

CR2E037 (12/96)