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Jan 21 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 # N95000002288 (7)

1. Corporation Name
TNT EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
110 NW 207 WAY PEMBROKE PINES FL 33029 110 NW 207 WAY PEMBROKE PINES FL 33029-3508

3. Date Incorporated or Qualified 05/10/1995 3a. Date of Last Report 05/01/1996
4. FEI Number 65-0586518 Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WALLACE, RONNIE L
110 NW 207 WAY
PEMBROKE PINES FL 33029

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME WALLACE, RONNIE L
STREET ADDRESS 110 NW 207 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029
TITLE D DELETE
NAME WALLACE, DENISE A
STREET ADDRESS 110 NW 207 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029
TITLE D DELETE
NAME HUMM, PHILIP G
STREET ADDRESS 900 MANGO ISLE
CITY-ST-ZIP FORT LAUDERDALE FL 33315

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME DIRECTOR
2.3 STREET ADDRESS SAM CASTER
2.4 CITY-ST-ZIP 801 N. COBBLESTONE CT.
CEDARHILL TX. 75104
3.1 TITLE Change Addition
3.2 NAME D.
3.3 STREET ADDRESS REV. NEIL BRUCH
3.4 CITY-ST-ZIP 349 APOLLO BEACH BLD APT# 506
APOLLO BEACH, FL. 33572
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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: _____ DATE: 1/9/97 DAYTIME PHONE: (954) 437-7852

CR2E037 (9/96)