


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 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 # N96000002431 (2)
 1. Corporation Name
WORSHIP TABERNACLE ASSEMBLIES OF GOD, INC.



Principal Place of Business 610 S.E. FORGAL ST. PORT ST. LUCIE FL 34983	Mailing Address 610 S.E. FORGAL ST. PORT ST. LUCIE FL 34983-2734
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3. Date Incorporated or Qualified 05/07/1986	3a. Date of Last Report N/A
4. FEI Number 31-1468008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

BRACERO, ANGEL L JR
626 SW BACON TER
PT ST LUCIE FL 34953

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACERO, ANGEL L JR	1.2 NAME	Wilson Gonzalez
STREET ADDRESS	626 SW BACON TER	1.3 STREET ADDRESS	257 SE DUVAL AVE
CITY-ST-ZIP	PT ST LUCIE FL 34953	1.4 CITY-ST-ZIP	PT ST LUCIE FL 34983
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELAZQUEZ, OLGA	2.2 NAME	DELIA MURPHY
STREET ADDRESS	1692 SE PORTILLO RD	2.3 STREET ADDRESS	108 SUNFLOWER CIR
CITY-ST-ZIP	PT ST LUCIE FL 34952	2.4 CITY-ST-ZIP	ROYAL PIM BCH FL 33411
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACERO, ANNETTE	3.2 NAME	
STREET ADDRESS	626 SW BACON TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Olga Velazquez **OLGA VELAZQUEZ, Secretary/Treasurer 2/19/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071807

CR2E037 (9/96)