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**Feb 09 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 # N97000002655 (5)
1. Corporation Name
AJC EVERLASTING LIGHT FOUNDATION, INC.



Principal Place of Business: 1501 SW 52ND TERRACE PLANTATION FL 33317
Mailing Address: 1501 SW 52ND TERRACE PLANTATION FL 33317

3. Date Incorporated or Qualified: 05/07/1997
4. FEI Number: 65-0745178
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

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
ALLBRITTEN, CAROLE V
4730 S. HEMINGWAY CIRCLE
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name: DR ROBERT WALSH
82 Street Address: 1501 SW 52nd Terrace
83 City: PLANTATION FL 85 Zip Code: 33317

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: [Signature] DATE: 1-12-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: WALSH, ROBERT DR.	1.1 TITLE: DIRECTOR	1.2 NAME: ELEN NUSSBAUM
STREET ADDRESS: 1501 SW 52ND TERRACE	CITY-ST-ZIP: PLANTATION FL 33317	1.3 STREET ADDRESS: 1464 N.W. 97th TERR.	1.4 CITY-ST-ZIP: PEMBROKE PINES FLA 33024
TITLE: D	NAME: SHAW, MARGARET	2.1 TITLE: DIRECTOR	2.2 NAME: STEVEN WOOLLETT
STREET ADDRESS: 111 NE 48TH STREET	CITY-ST-ZIP: FORT LAUDERDALE FL 33334	2.3 STREET ADDRESS: 14 SE 9th Street	2.4 CITY-ST-ZIP: Ft Lauderdale FLA 33316
TITLE: D	NAME: MARONCELLI CAMMACK, DENETTE	3.1 TITLE: DIRECTOR	3.2 NAME: HEDA BUSTAMANTE
STREET ADDRESS: 2018 NE 21ST STREET	CITY-ST-ZIP: FORT LAUDERDALE FL 33305	3.3 STREET ADDRESS: 1501 SW 52ND TELL	3.4 CITY-ST-ZIP: PLANTATION FLA 33317
TITLE: D	NAME: ALLBRITTEN, CAROLE J	4.1 TITLE: DIRECTOR	4.2 NAME: SANDY ROSAR
STREET ADDRESS: 4730 S. HEMINGWAY CIRCLE	CITY-ST-ZIP: MARGATE FL 33063	4.3 STREET ADDRESS: 842 SW 11th St	4.4 CITY-ST-ZIP: Ft Lauderdale FLA 33315
TITLE: []	NAME: []	5.1 TITLE: []	5.2 NAME: []
STREET ADDRESS: []	CITY-ST-ZIP: []	5.3 STREET ADDRESS: []	5.4 CITY-ST-ZIP: []
TITLE: []	NAME: []	6.1 TITLE: []	6.2 NAME: []
STREET ADDRESS: []	CITY-ST-ZIP: []	6.3 STREET ADDRESS: []	6.4 CITY-ST-ZIP: []

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: [Signature] DATE: 1-12-98

CR2E037 (10/97)