

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$21.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 07 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 # 729013 (3)

1. Corporation Name
ST. JAMES APOSTLE FAITH MISSION CHURCH OF GOD OF ESCAMBIA COUNTY, FLORIDA, INC.

Principal Place of Business 6983 TWIGGS LN PENSACOLA FL 32505	Mailing Address 6983 TWIGGS LN PENSACOLA FL 32505
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 03/08/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7128325	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SMITH, MARIE
1339 RULE ST
PENSACOLA FL 32514

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	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JR., TOMMIE	
STREET ADDRESS	1339 RULE STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMILEY, WAYNE	
STREET ADDRESS	228 SEVILLE CIR	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNKLIN, EDWARD	
STREET ADDRESS	7770 CASTLEGATE RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, ANDREW	
STREET ADDRESS	658 DIAMOND RD	
CITY-ST-ZIP	PENSACOLA 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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK YOUNG
3.3 STREET ADDRESS	333 Barker St
3.4 CITY-ST-ZIP	Pensacola, Florida
4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JIMMIE L. SMILEY
4.3 STREET ADDRESS	3205 N. 6th Ave
4.4 CITY-ST-ZIP	Pensacola, Florida
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES YOUNG
5.3 STREET ADDRESS	7901 Melbourne Ave
5.4 CITY-ST-ZIP	Pensacola, Florida
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 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 REQUIRED WAYNE SMILEY 29 Jul 97, (850) 581-2430

CR2E037 (4/97)