


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730887 (7)
 1. Corporation Name
MINISTRIES IN ACTION, INC.



Principal Place of Business 13200 SW 128TH STREET SUITE D1&2 MAAMI FL 33186	Mailing Address PO BOX 140325 CORAL GABLES FL 33114-9810 US
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3. Date Incorporated or Qualified 10/03/1974
4. FEI Number 59-1569112
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

10. Name and Address of New Registered Agent

MORGAN, CHARLES O. JR.
1300 NW 167 STREET
MIAMI FLORIDA FL 33169

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, OSVALDO	1.2 NAME	Peter Evelyn
STREET ADDRESS	84525 NW 25 AVENUE	1.3 STREET ADDRESS	4855 SW 148th Court
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl 33155
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, E WALFORD	2.2 NAME	Craig Young
STREET ADDRESS	14823 SW 74TH PLACE	2.3 STREET ADDRESS	27000 SW 157th Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Homestead, Fl 33031
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COVALT, J DAVID	3.2 NAME	Ted McClure
STREET ADDRESS	13700 S BISCAYNE RIVER	3.3 STREET ADDRESS	7945 SW 173rd Terrace
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	Miami, Fl 33157
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAVILA, FRANK	4.2 NAME	Jeffrey Leigh
STREET ADDRESS	2322 SW 19TH CIRCLE	4.3 STREET ADDRESS	2701 S. Bayshore Drive
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Coconut Grove, Fl 33133
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRICHLAW, ROBERT	5.2 NAME	Dean Weaver
STREET ADDRESS	9820 SW 157 TERRACE	5.3 STREET ADDRESS	2595 Elmwood
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Buffalo, NY 14217
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASALLO, PETE	6.2 NAME	Mary Lundberg
STREET ADDRESS	14035 SW 72ND AVENUE	6.3 STREET ADDRESS	RD 1, Box 114
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Brockway, PA 15824

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: _____ **4/3/98** **(305) 234 7855**

CR2E037 (10/97)