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May 20 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 # 732213 (4)

1. Corporation Name

A BETTER DAY FOR PEOPLE IN CHRIST, INC.

Principal Place of Business	Mailing Address
4421 S.W. 55TH AVENUE DAVIE FL 33314	4421 S.W. 55TH AVENUE DAVIE FL 33314-3836

3. Date Incorporated or Qualified: 03/19/1975
3a. Date of Last Report: 04/17/1996

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

4. FEI Number: 59-1655849 ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMS, NATHANIEL
3521 NORTHWEST 7TH STREET
FT LAUDERDALE FL 33311

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	VD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ALICE M		1.2 NAME	ALICE WILLIAMS
STREET ADDRESS	3521 NW 7TH ST		1.3 STREET ADDRESS	4421 SW 55 AVE DAVIE FL.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP	V-President 33314
TITLE	SD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SALTERS, REGINA		2.2 NAME	REGINA SALTERS
STREET ADDRESS	3521 NW 7TH ST		2.3 STREET ADDRESS	3521 NW 7ST FT. LAUD FL.
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	T-Secretary 33311
TITLE	T	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOHNNY		3.2 NAME	JOHNNY WILLIAMS
STREET ADDRESS	3521 NW 7TH STREET		3.3 STREET ADDRESS	3521 NW. 7ST FT. LAUD FL.
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	T-Treasure 33311
TITLE	PD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, NATHANIEL		4.2 NAME	NATHANIEL WILLIAMS
STREET ADDRESS	3521 NW 7TH ST		4.3 STREET ADDRESS	4421 SW 55 AVE DAVIE FL.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		4.4 CITY-ST-ZIP	T-President. 33314
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 Nathaniel Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036237