


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # 732244 (9)					
1. Corporation Name CARIBBEAN BAPTIST EVANGELISTIC ASSOCIATION, INC.					

Principal Place of Business		Mailing Address	
15000 WINDBLUFF STREET FALCONS LEE DIVISION DAVIE FL 33331		15000 WINDBLUFF STREET FALCONS LEE DIVISION DAVIE FL 33331	

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

3. Date Incorporated or Qualified 03/24/1975	
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4. FEI Number 59-6565680	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	
MORGAN JR., CHARLES O. 1300 NW 167TH STREET MIAMI FL	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KENNEDY, VERNON
STREET ADDRESS	RT 2 BOX 2311 NA
CITY-ST-ZIP	CLARKSVILLE GA
TITLE	D <input type="checkbox"/> DELETE
NAME	JARRARD, WAYNE
STREET ADDRESS	2159 DAUPHIN ST.
CITY-ST-ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMSON, JERRY
STREET ADDRESS	2800 PROSPECT ROAD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BENTON, ALMA D
STREET ADDRESS	15000 WINDBLUFF ST.
CITY-ST-ZIP	DAVIE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BENTON, JAMES W
STREET ADDRESS	15000 WINDBLUFF ST.
CITY-ST-ZIP	DAVIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEMAN, HOWARD
STREET ADDRESS	11951 NW 27TH STREET
CITY-ST-ZIP	PLANTATION FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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] 1-6-98 954-434-8906

CR2E037 (10/97)