


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 734297 (5)</b> 1. Corporation Name <b>WORLD CHURCH MIND CENTER, INC.</b>
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Principal Place of Business <b>11036 SE 62ND AVENUE</b> <b>BELLEVIEW FL 34420</b> <b>US</b>	Mailing Address <b>1110 SE 36TH AVE</b> <b>OCALA FL 34471-4807</b> <b>US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/12/1975</b>	3a. Date of Last Report <b>04/29/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1606111</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>  <b>HARRISON, LORETTA</b> <b>C/O WORLD CHURCH MIND CENTER</b> <b>1110 SE 36 AVE</b> <b>OCALA FL 32871</b>
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<b>10. Name and Address of New Registered Agent</b> 81 Name <b>HARRISON, GREGORY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>70 WORLD CHURCH MIND CTR.</b> <b>1110 SE 36 AVE</b> 84 City <b>OCALA</b> <b>FL</b> 85 Zip Code <b>34471</b>
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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 <i>Gregory Harrison</i> <b>Gregory Harrison</b> DATE <b>4/29/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>
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12. OFFICERS AND DIRECTORS	
TITLE	VSD <input type="checkbox"/> DELETE
NAME	HARRISON, JOAN
STREET ADDRESS	133 COTTONWOOD COURT
CITY-ST-ZIP	BURLINGTON IO
TITLE	PTD <input type="checkbox"/> DELETE
NAME	HARRISON, LORETTA
STREET ADDRESS	1110 SE 36TH AVE.
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRISON, GREGORY
STREET ADDRESS	1110 SE 36 AVE.
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NOBLE, SHARON
STREET ADDRESS	2785 NE 45 ST
CITY-ST-ZIP	OCALA 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	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harrison Gregory
1.3 STREET ADDRESS	1110 SE 36 Ave
1.4 CITY-ST-ZIP	Ocala FL 34471
2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOBLE Sharon
2.3 STREET ADDRESS	2785 NE 45 ST
2.4 CITY-ST-ZIP	Ocala FL
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harrison, Loretta
3.3 STREET ADDRESS	1110 SE 36 Ave
3.4 CITY-ST-ZIP	Ocala FL
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harrison, Joan
4.3 STREET ADDRESS	133 Cottonwood Court
4.4 CITY-ST-ZIP	Burlington IO
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 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 <i>Gregory Harrison</i>
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CR2E037 (9/96)