


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montrom Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755194 (8)

1. Corporation Name
THE MISSIONARY EVANGELISTIC TRAINING CENTER, INC

**APPROVED
AND
FILED**

95 MAY -1 AM 9: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 101 E. AMELIA TAMPA FL 33602	Mailing Address P.O. BOX 664 TAMPA FL 33601
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address Suite, Apt. #, etc. City & State Zip
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1980	3a. Date of Last Report 12/05/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAGUIRE, PATRICK T
308 N. BELCHER RD.
CLEARWATER FL 34825**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	11. NAME JUSTICE, EUNICE	11. TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 101 E. AMELIA	12. NAME 101 E. AMELIA	12. NAME O'NEAL, ELLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP TAMPA FL 33602	13. STREET ADDRESS TAMPA FL 33602	13. STREET ADDRESS 101 E. Amelia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	14. CITY, ST, ZIP Tampa, FL 33601	14. CITY, ST, ZIP Tampa, FL 33601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARMON, GLORIA	21. TITLE D	21. TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1421 MISTY GLEN LN.	22. NAME HARMON, GLORIA	22. NAME JONES, LORETTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP BRANDON FL 33510	23. STREET ADDRESS 1421 MISTY GLEN LN.	23. STREET ADDRESS 2339 Palmetto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	24. CITY, ST, ZIP BRANDON FL 33510	24. CITY, ST, ZIP Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOWELL, JENELSIE	31. TITLE D	31. TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11309 BROWNSTONE CT.	32. NAME HOWELL, JENELSIE	32. NAME HOWELL, JENELSIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP RIVERVIEW FL 33569	33. STREET ADDRESS 11309 BROWNSTONE CT.	33. STREET ADDRESS 11309 BROWNSTONE CT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	34. CITY, ST, ZIP RIVERVIEW FL 33569	34. CITY, ST, ZIP RIVERVIEW FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARCHMAN, DIANE	41. TITLE D	41. TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10940 N. 15TH ST.	42. NAME MARCHMAN, DIANE	42. NAME MARCHMAN, DIANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP TAMPA FL 33612	43. STREET ADDRESS 10940 N. 15TH ST.	43. STREET ADDRESS 10940 N. 15TH ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	44. CITY, ST, ZIP TAMPA FL 33612	44. CITY, ST, ZIP TAMPA FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, MARY	51. TITLE D	51. TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3708 E. MCBERRY AVE.	52. NAME WILLIAMS, MARY	52. NAME WILLIAMS, MARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP TAMPA FL 33610	53. STREET ADDRESS 3708 E. MCBERRY AVE.	53. STREET ADDRESS 3708 E. MCBERRY AVE.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	54. CITY, ST, ZIP TAMPA FL 33610	54. CITY, ST, ZIP TAMPA FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	61. TITLE	61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	62. NAME	62. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP	63. STREET ADDRESS	63. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	64. CITY, ST, ZIP	64. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jenelsie O. Howell 9/23/95 (813)677 3292

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR