

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 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 # 763473 (6)
1. Corporation Name
THE ASSOCIATION OF MENNONITE MINISTRIES, INC.



Principal Place of Business Mailing Address
30695 SW 162 AVE. MIAMI FL 33033
30695 SW 162 AVE. MIAMI FL 33033-4122

3. Date Incorporated or Qualified 05/28/1982
3a. Date of Last Report 03/21/1996

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-2252625	Applied For	Not Applicable
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				6	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				10. Name and Address of New Registered Agent			
SAWATZKY, WALTER W 30695 SW 162 AVE. MIAMI FL 33033				81	Name	Hess, Dick	
				82	Street Address (P.O. Box Number is Not Acceptable)	32125 SW 200 CT	
				83	City	Homestead FL 33030	
				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: *[Signature]* DATE: 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWATZKY, WALTER	1.2 NAME	HECTOR Urbina
STREET ADDRESS	30695 SW 162 AVE.	1.3 STREET ADDRESS	116 Pasadena Dr
CITY-ST-ZIP	MIAMI FL 33033	1.4 CITY-ST-ZIP	Metairie, LA 70001
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTETLER, DAVID	2.2 NAME	Raymond Martin
STREET ADDRESS	517-C SILVERWOOD LN.	2.3 STREET ADDRESS	2755 AMANDA Dr.
CITY-ST-ZIP	GOSHEN IN 46526	2.4 CITY-ST-ZIP	Sarasota FL 33232
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, DICK	3.2 NAME	Hess, Dick
STREET ADDRESS	32125 SW 200 CT.	3.3 STREET ADDRESS	32125 SW 200 CT
CITY-ST-ZIP	HOMESTEAD FL 33030	3.4 CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: 4/28/97 DAYTIME PHONE: (305) 248-7064

CFR2E037 (9/96)