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May 01 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 # 765102 (9) 1. Corporation Name MIKE MILLIAR MINISTRIES, INC. (INTERNATIONAL)			
Principal Place of Business		Mailing Address	
6660-46TH AVE., N. ST. PETERSBURG FL 33709		6660-46TH AVE., N. ST. PETERSBURG FL 33709-4702	
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	
25 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALTERS, MELANIE S. 6020 82ND AVE NO PINELLAS PK FL 34665		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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chairman
NAME	MILLIAR, MIKE K	1.2 NAME	Phil Sealund
STREET ADDRESS	6660-46TH AVE., N.	1.3 STREET ADDRESS	13920 Egret Lane
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	Clearwater, FL 34622
TITLE	VD	2.1 TITLE	
NAME	WALTERS, CLYDE J., SR.	2.2 NAME	
STREET ADDRESS	6020 82ND AVE NO	2.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PK FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	WALTERS, MELANIE S.	3.2 NAME	
STREET ADDRESS	6020 82ND AVE NO	3.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PK FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	WETZEL, WAYNE	4.2 NAME	
STREET ADDRESS	1745 CASEY JONES COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	ARRINGTON, JACK	5.2 NAME	
STREET ADDRESS	4750 37TH ST. N.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: <i>Clyde J. Walters</i> REQUIRED <i>J. WALTERS</i> 4-24-97 813-544-3114			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050594			

CR2E037 (9/96)