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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767700** (8)

1. Corporation Name

SINGLE PURPOSE MINISTRIES, INC.



Principal Place of Business	Mailing Address
9700 KOGER BLVD SUITE 111 KOGERAMA BLDG ST PETERSBURG FL 33742-8621 US	P O BOX 21621 GATEWAY STATION ST PETERSBURG FL 33742-1621 US

3. Date Incorporated or Qualified 03/28/1983	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2399148	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, HERB
4406 LEONA STREET
N/A
TAMPA FL 33629

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 Herb Williams DATE 5-8-97

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	D	1.1 TITLE	D
NAME	WILLIAMS, HERB	1.2 NAME	Susan Baylis
STREET ADDRESS	4406 PALMIRA STREET	1.3 STREET ADDRESS	2282 Primrose Lane #2304
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	D	2.1 TITLE	D
NAME	WILSON, BYRON G.	2.2 NAME	Herb Williams
STREET ADDRESS	1704 S. MAC DILL AVE.	2.3 STREET ADDRESS	4406 [redacted] Street
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D	3.1 TITLE	
NAME	SPARKMAN, ROBERT	3.2 NAME	
STREET ADDRESS	10241 VALLE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	SARMIENTO, MARGARITA	4.2 NAME	
STREET ADDRESS	6923 LAKE PLACE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FIELDS, LOUISE	5.2 NAME	
STREET ADDRESS	902 DAKOTA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA 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: Herb Williams REQUIRED

5-8-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061458

CR2E037 (9/96)