

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McMath
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 11 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006439 (1)

1. Corporation Name

SHIKANAH COMBINED MINISTRIES, INC.



Principal Place of Business

Mailing Address

**8949 HARDING AVE.
SURFSIDE FL 33154**

**8949 HARDING AVE.
SURFSIDE FL 33154-3420**

3. Date Incorporated or Qualified
12/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

73-1356058

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State

27 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23 Zip

Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVE.
CORAL GABLES FL 33134**

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	CP	<input type="checkbox"/> DELETE
NAME	DUNPHY, STEPHEN P	Director
STREET ADDRESS	8949 HARDING AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	OV	<input checked="" type="checkbox"/> DELETE
NAME	DUNPHY, SILVIA B	D
STREET ADDRESS	3418 N. JOHANNA BLVD.	
CITY-ST-ZIP	BROKEN ARROW OK 74014	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, ANDREW T	
STREET ADDRESS	8949 HARDING AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	NAME BRUBAKER	D
STREET ADDRESS	542 ECULED AVE NB	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	Stuta	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DUNPHY, SILVIA	<input type="checkbox"/> DELETE
NAME		Director
STREET ADDRESS	8949 Harding Ave	
CITY-ST-ZIP	Surfside FL 33154 867-4481	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002293324--2
2.3 STREET ADDRESS	-09/15/97--01124--001
2.4 CITY-ST-ZIP	*****62.00 *****62.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" 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.

CR2E037 (9/96)