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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Moitham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02533 (0) 1. Corporation Name SOULS HARBOR CHURCH, INC.					



Principal Place of Business		Mailing Address	
P.O. BOX 18825 WEST PALM BEACH FL 33416-8825		P.O. BOX 18825 WEST PALM BEACH FL 33416-8825	

3. Date Incorporated or Qualified 04/13/1984	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business		2a. Mailing Address	
21 4203 SPAFFORD AVE.		26 BOX 18825	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State W. PALM BCH, FL. 33409		28 City & State W. PALM BCH, FL. 33416	
24 Zip 33409	25 Country PALM BCH	29 Zip 33416	30 Country PALM BCH

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PITTS, DAVID, SR., REV. 449 FIRST STREET NORTH WEST PALM BEACH FL 33413	

10. Name and Address of New Registered Agent	
81 Name REV. DAVID PITTS JR	85 Zip Code 33413
82 Street Address (P.O. Box Number is Not Acceptable) 449 FIRST ST. N	
83 City WEST PALM BCH, FL.	

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 REV. DAVID PITTS JR DATE 4/28/97
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD PITTS, DAVID, SR., REV.
STREET ADDRESS	449 FIRST STREET NO.
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VO PITTS, DAVID JR. REV
STREET ADDRESS	1348 S. 2ND ST
CITY-ST-ZIP	LOUISVILLE KY 40208
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STD BRANDON, PHYLLIS
STREET ADDRESS	449 FIRST STREET N.
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	REV. DAVID PITTS
1.4 CITY-ST-ZIP	449 FIRST ST. N. D
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOARD MEMBER (PASTOR)
2.3 STREET ADDRESS	PHYLLIS BRANDON
2.4 CITY-ST-ZIP	449 FIRST ST. N. D
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOARD MEMBER
3.3 STREET ADDRESS	HERMAN ZIGLAR
3.4 CITY-ST-ZIP	1700 WINDORAH WAY APT #E T
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOARD MEMBER
4.3 STREET ADDRESS	WENDELL CHESTNUT
4.4 CITY-ST-ZIP	1259 W. 37TH CT. #2 T
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOARD MEMBER
5.3 STREET ADDRESS	BECKY SIMMONS
5.4 CITY-ST-ZIP	1205 HOOD DR. D
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BOARD MEMBER
6.3 STREET ADDRESS	BRENTWOOD, TENN. 37027
6.4 CITY-ST-ZIP	BOARD MEMBER T

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)