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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07288** (6)

1. Corporation Name

**ROSE OF SHARON MINISTRIES, INCORPORATED**

Principal Place of Business

Mailing Address

**3800 NW 167TH ST.  
MIAMI FL 33054  
US**

**3800 NW 167TH ST.  
MIAMI FL 33054-6232  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/24/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2492742</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	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

10. Name and Address of New Registered Agent

**HAIRSTON, ELIZABETH  
4005 SW 68TH LANE  
MIRAMAR FL 33023**

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	VTD	1.1 TITLE	D
NAME	PARRISH, SHERRON	1.2 NAME	Ingram-Leonard, Rebecca
STREET ADDRESS	15701 NW 18TH COURT	1.3 STREET ADDRESS	10730 SW 163rd Street
CITY-ST-ZIP	OPA-LOCKA FL	1.4 CITY-ST-ZIP	Miami FL 33157
TITLE	D	2.1 TITLE	S
NAME	WHITE, CATHY	2.2 NAME	Brown, Suzanne
STREET ADDRESS	11042 SW 162 TERRACE	2.3 STREET ADDRESS	16563 NW 5th Court
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	PD	3.1 TITLE	
NAME	HAIRSTON, ELIZABETH	3.2 NAME	
STREET ADDRESS	4005 SW 68TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PARRISH, CARL	4.2 NAME	
STREET ADDRESS	15701 NW 18TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 or changed for on an attachment with an address.

SIGNATURE

*Elizabeth A. Hairston*

Elizabeth A. Hairston (305) 621-1111

CR2E037 (9/96)