


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07288 (8)  
1. Corporation Name

ROSE OF SHARON MINISTRIES, INCORPORATED

Principal Place of Business 3800 NW 167TH ST. MIAMI, FL 33054 USA	Mailing Address 3894 NW 167TH ST. MIAMI, FL 33054 USA
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3. Date Incorporated or Qualified  
01/24/1985

4. FEI Number 59-2492742	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
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	VPT	1.1 TITLE	D
NAME	PARRISH, SHERRON	1.2 NAME	INGRAM LEONARD, REBECCA ATTY.
STREET ADDRESS	15701 NW 18TH COURT	1.3 STREET ADDRESS	1313 NW 36TH ST, #200
CITY-ST-ZIP	MIAMI, FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D	2.1 TITLE	D
NAME	WHITE, CATHY DR.	2.2 NAME	LENDERMAN, WILLIAM
STREET ADDRESS	11042 SW 162 TERRACE	2.3 STREET ADDRESS	1382-C lomaland
CITY-ST-ZIP	MIAMI, FL	2.4 CITY-ST-ZIP	EL PASO, TX
TITLE	PD	3.1 TITLE	SEC
NAME	HAIRSTON, ELIZABETH	3.2 NAME	BROWN, SUZANNE
STREET ADDRESS	4005 SW 68TH LANE	3.3 STREET ADDRESS	16563 NW 5TH COURT
CITY-ST-ZIP	MIRAMAR, FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D	4.1 TITLE	D
NAME	PARRISH, CARL, SR.	4.2 NAME	ADIKEMA, FRIDAY ATTY.
STREET ADDRESS	15701 NW 18TH COURT	4.3 STREET ADDRESS	3661 N. DECATUR RD., APT. F-5
CITY-ST-ZIP	MIAMI, FL	4.4 CITY-ST-ZIP	DECATUR, GA 30032
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700002546407
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/03/98--01086--024
TITLE		6.1 TITLE	***70.00
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Suzanne Brown SUZANNE BROWN 4/30/98 (305)621-0060

CR2E037 (10/97)