NO CORI ANNU	OR BEFORE 8/7/96: \$61.25 (IF DISS NPROFIT PORATION AL REPORT		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS									
DOCUN 1. Corporation	MENT # N196	90	(9)									
,		TRIES, IN	IC.				ļ	1 <b>166</b> 11		ni <b>i Ba</b> ir Brair	Acan Acan Bida	6:8:: 4:4:: :84:
Principal Place	of Pusiness	Mailin	n Address									
,	T MCCLARY, JR.	INTERNATIONAL MINISTRIES, INC.  Susiness Mailing Address CALARY, JR. 2790 NW 15TH COURTE FI. LAUDERDALE FI. 33311  Susiness 2a. Mailing Address 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c. Mailing Address 2c. Mailing Address 2d. Mailing Address 2e. Mailing Address 2e. Mailing Address 2e. Mailing Address 2ft. Lauderdale, FL. Marber Section 6 Status Desired Applie Section 6 Status Desired Applie Section 6 Status Desired Applie Section 6 Status Desired Added to Fee Required Agent  Country 2ip Country 2ip Country 8. Thus corporation has liability for intangible tayunder s 198 Fiorida Statutes  Trust Fund Controllation Address of New Registered Agent  ROOSEVELT, JR. 1STH COURT ROALE FL 33311  81 Name 25 Street Address of PO. Box Number is Not Acceptable)  FL 85 Zip Cod  provisions of Sactions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registration with, and accept the obligations of, Section 617,0503, Florida Statutes  Proficers And Directors  13. Address (PO. Box Number is Not Acceptable)  DELETE 11711E THE DELETE 11711E THE LAUDERDALE, FL 33313  OFFICERS AND DIRECTORS IN WHILE BY, ELAINE 15 STREET ADDRESS 5302 N.W. 22ND ST. 14 DIVERS 2MME WILLIAMS, JOHNNY RAY  WILLIAMS, JOHNNY RAY										
(										3a. [		•
2. Principal Pia	ace of Business	<u> </u>	iling Address					4. FEI Numbe	ır		Ar	oplied For
Suite, Apt. #	, etc. NW 15th Court	Su	Suite, Apt. #, etc.					5. Certificate	of Status Desired	Z	\$8.75	Additional
City & State			City & State								•	•
Zip 24 3331	Country	Zip	0011	Co					•		<b>—</b> /	199.032,
	11	nt Registere			01	None		10. Name and	Address of New R	egistered	Agent	
MCCLA	ARY ROOSEVELT JR				Ц			150 5 11				
2790 N.W. 15TH COURT						Street	Aggres	SS (P.O. BOX NUF	nder is Not Accepta			
FT. LAI	UDERDALE FL 33311				83							
					84	City				FI	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1	508, Florida Statutes	s, the al	bove d by	named o	corpor	ation submits thi	s statement for the parters. I hereby accer	ourpose o	changing its	registered
	m familiar with, and accept the oblig	gations of, Se	ction 617.0503, Flor	ida Stal	tutes	i.			, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE _	Signature, typed or printed name of registered ag	jent and tille if app	olicable (NOTE	Register	ed Age	ent signature	required					
12.	OFFICERS AI	ND DIRECTO		_				ADDITIONS	CHANGES TO OFF	ICERS AN		RS IN 12  X Addition
TITLE NAME	KEELS, ELGIE		□ beceite				_	ILBY. E	LAINE		Criange	[X] Monon
STREET ADDRESS	4000 ABIL 00011 AT		_ I I			l						
CITY-ST-ZIP										333	13	
TITLE	D		DELETE	_					•			X Addition
NAME				2.21	NAME							
STREET ADDRESS	4820 NW 20TH ST			2.3 5	STREET	T ADDRESS				•		
CITY - ST - ZIP	LAUDERHILL FL			_		ST-ZIP	MI	AMI, FL	33054		1 0	Latre
TITLE	D NOCLADY DODGEWELT I	ID.	DELETE		TITLE						Change	Addition
NAME	MCCLARY, ROOSEVELT, J 1610 NW 7TH TERRACE	iri.			NAME							
STREET ACCORESS	FT. LAUDERDALE FL					T ADDRESS						
CITY-ST-ZIP TITLE	T		DELETE		TITLE	ST-ZIP					Change	Addition
NAME	MGCLARY, BRENDA K.:		Ami	1	NAME							
STREET ADDRESS	1610 NW 7TH TERRACE					T ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL					ST-ZIP						
TITLE	D	- A 1	DELETE	_	TITLE	******	1				Change	Addition
NAME	STONE, JOHNNIE SR.		/\	521	NAME							
STREET ADORESS	1500 NW 19 AVENUE			5.3	STREET	T ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL			_		ST-ZIP	ļ				<del></del>	
TITLE	D		DELETE		TITLE						Change	Addition
1	THOMAS, JEROME		,	6.2	NAME		ŀ					
NAME	-						1					
STREET ADDRESS CITY-ST-ZIP	1612 NW 9 AVENUE FT. LAUDERDALE FL			63	STREE	T ADDRESS ST-ZIP						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

| SIGNATURE | Date | Delta | Delt