

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21748

1. Corporation Name

Straightway Church of Christ, Inc.
P.O. Box 472302
Miami, Florida 33247-2302

Principal Place of Business

8707 N.W. 22 Avenue
Miami, Florida 33125

Mailing Address

FILED
97 JAN 17 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

MWB 1-22-97

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 8707 N.W. 22 Avenue	26 Suite, Apt. #, etc.	7/28/1987	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		65-0147271	Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami, FL	28	<input type="checkbox"/>	
24 Zip	29 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33147	29	Trust Fund Contribution	
25 Country	30 Country	<input type="checkbox"/>	
25 USA	30	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

Thomas, Willie Albert
2932 N.W. 92 Street
Miami, Florida 33147

10. Name and Address of New Registered Agent

81 Name Cecily Robinson-Duffie
82 Street Address (P.O. Box Number is Not Acceptable) 15251 N.E. 18 Avenue
83 Suite 3
84 City North Miami Beach, FL 85 Zip Code 33162

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

12/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres./Dir. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D 6000020641758 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	Willie Albert Thomas	1.2 NAME	John W. Harvey
STREET ADDRESS	2932 N.W. 92 Street	1.3 STREET ADDRESS	12310 W. Golf Drive
CITY-ST-ZIP	Miami, Florida	1.4 CITY-ST-ZIP	Miami, Florida 33167
TITLE	Vice President/Dir. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erma Thomas	2.2 NAME	Ernestine Harvey
STREET ADDRESS	2932 N.W. 92 Street	2.3 STREET ADDRESS	12310 W. Golf Drive
CITY-ST-ZIP	Miami, Florida	2.4 CITY-ST-ZIP	Miami, Florida 33167
TITLE	Sec./Tres./Dir. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia Allen	3.2 NAME	Clyde Berry
STREET ADDRESS	2445 N.W. 87 Terrace	3.3 STREET ADDRESS	2910 N.W. 156 Street
CITY-ST-ZIP	Miami, Florida 33172	3.4 CITY-ST-ZIP	Opa Locka, Florida 33054
TITLE	Director <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ivory Allen	4.2 NAME	Willie D. Dawson
STREET ADDRESS	2445 N.W. 87 Terrace	4.3 STREET ADDRESS	14101 N.W. 24 Avenue
CITY-ST-ZIP	Miami, Florida 33172	4.4 CITY-ST-ZIP	Opa Locka, Florida 33054
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Alexander McGriff
STREET ADDRESS		5.3 STREET ADDRESS	2295 N.W. 195 Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Opa Locka, Florida 33055
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Rev. James A. Canaday
STREET ADDRESS		6.3 STREET ADDRESS	2940 N.W. 207 Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Carol City, Florida 33055

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/96

Date

625-5389

Daytime Phone #

CR2E037 (3/96)