


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23584** (8)

1. Corporation Name

UNI-SON MINISTRIES, INC.

Principal Place of Business

Mailing Address

**DAVID MICHAEL KENT
132 SUN LANE
PANAMA CITY BEACH FL 32413**

**DAVID MICHAEL KENT
132 SUN LANE
PANAMA CITY BEACH FL 32413**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2861938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BETTY KENT
252 EWING CT
FORT WALTON BEACH FL 32548**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGERMAN, RAY	
STREET ADDRESS	206 DEVON COURT	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, BETTY HALE	
STREET ADDRESS	252 EWING COURT	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILES, MARK	
STREET ADDRESS	77 11TH ST	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, MARK	
STREET ADDRESS	1719 COLONIAL COURT	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOXSON, OZZIE	
STREET ADDRESS	38 OKAHATCHEE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, LLOYD L	
STREET ADDRESS	252 EWING CT	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

[Signature] 8/17/97 (850) 863-1668

CR2E037 (4/97)