


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 22 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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<b>DOCUMENT # N29414</b>	<b>(2)</b>
1. Corporation Name <b>JEROME SHOWERS MINISTRIES, INC.</b>	

Principal Place of Business <b>HWY. 12 W. HAVANA FL 32333</b>	Mailing Address <b>P.O. BOX 501 HAVANA FL 32333</b>
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DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified <b>11/23/1988</b>		3a. Date of Last Report <b>04/25/1996</b>	
2. Principal Place of Business <b>21</b>		4. FEI Number <b>NOT APPLICABLE</b>	
2a. Mailing Address <b>26</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country <b>25</b>		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	
Country <b>29</b>		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SHOWERS, JEROME HWY 12 W HAVANA FL 32333</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHOWERS, JEROME</b>			1.2 NAME			
STREET ADDRESS	<b>P.O. BOX 501 N/A</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HAVANA FL 32333</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WALKER, DORA</b>			2.2 NAME			
STREET ADDRESS	<b>RTE 2, BOX 129</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>QUINCY FL 32351</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JOHNSON, TYRONE</b>			3.2 NAME			
STREET ADDRESS	<b>RTE 3, BOX 746</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HAVANA FL 32333</b>			3.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>OWENS, GLORIA E.</b>			4.2 NAME			
STREET ADDRESS	<b>P.O. BOX 484 N/A</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HAVANA FL 32333</b>			4.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHOWERS, TYNESE</b>			5.2 NAME			
STREET ADDRESS	<b>P.O. BOX 501 N/A</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HAVANA FL 32333</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BLAIR, ANDREA</b>			6.2 NAME			
STREET ADDRESS	<b>RT 2 BOX 129</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>QUINCY FL 32351</b>			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 **7/30/97** **800-538-5736**

CP2E037 (4/97)