

FILE NOW: FILING FEE IS \$61.25

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May 09 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 # N32805 (6)

1. Corporation Name
TRUE BORN CHURCH OF CHRIST OF THE APOSTOLIC FAITH, OF MIAMI, INC.

Principal Place of Business 11334 N.W. 22ND AVE. MIAMI FL 33168 US	Mailing Address P.O. BOX 690580 MIAMI FL 33168-0580 US
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2. Principal Place of Business 11434 NW 22nd Ave		2a. Mailing Address Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/14/1989		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0124935		Applied For <input type="checkbox"/> Not Applicable	
22. City & State MIAMI FLORIDA		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23. Zip 33167		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Country DADE		29. Country		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 WILSON, MAMIE 11334 N.W. 22ND AVE. MIAMI FL 33167				10. Name and Address of New Registered Agent			
				81. Name MAMIE WILSON			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. 11434 NW 22nd Ave			
				84. City MIAMI FL 85. Zip Code 33167			

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 *Mamie Wilson* president *MAMIE WILSON* 4/29/97
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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PSD	<i>New Address</i> WILSON, MAMIE	11434 NW 22nd Ave		president	11434 NW 22nd Ave	MIAMI FL 33167
		11334 N.W. 22ND AVE.	MIAMI FL 33167				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VD	WILSON, JOHN	11402 NW 22ND AVE.				
		MIAMI FL					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	DT	WILSON WESTLY	9000 NW 20TH AVE.				
		MIAMI FL					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	TD	WILSON, MAMIE Y	11338 NW 22 AVE				
		MIAMI FL					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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 *Mamie Wilson* president *MAMIE WILSON* 4/29/97 305 1981503

CR2E037 (9/96)