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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36010 (9)

1. Corporation Name
THE SOPHIA MINISTRIES, INC.



Principal Place of Business % B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131	Mailing Address % B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131
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3. Date Incorporated or Qualified 01/04/1990	
4. FEI Number 59-2590833	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 21 450 RIDGE ST.	2a. Mailing Address 26 Box 450
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, State 23 LEWISTON NY	City, State 28 LEWISTON NY.
Zip 24 14092	Country 25 USA
Zip 29 14092	Country 30 USA

9. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, HERBERT	
STREET ADDRESS	2701 THOMPSON ROAD	
CITY-ST-ZIP	NIAGRA FALLS, ONTARIO CANADA L2E-6S4	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILL, FREDERIC	
STREET ADDRESS	617 7TH STREET NORTH	
CITY-ST-ZIP	MOUNT VERNON IA 52314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUPNOW, JOHN	
STREET ADDRESS	415 RIDGE STREET	
CITY-ST-ZIP	LEWISTON NY 14092	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: *[Handwritten Signature]* DATE: **April 19, 1998**

CRE037 (1097)

905 - 259 - 4926
76 - 254 - 2709