

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N36388** (9)
 1. Corporation Name
THE MINISTRY OF RECONCILIATION CHURCH, INC.



Principal Place of Business Mailing Address
4348 SOUDEL DRIVE JACKSONVILLE FL 32209 US

3. Date Incorporated or Qualified **01/31/1990** 3a. Date of Last Report **07/28/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **4348 Soudel DR.** 26 **4348 Soudel DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2985640** Applied For
 Not Applicable

22 City & State 27 City & State
JACKSONVILLE FL **JACKSONVILLE FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 25 Country 28 Zip 29 Country 30
32209 **FLORIDA** **32209** **FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
COLE, PEARL J
5110 DOSTIE DRIVE SOUTH
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent
 81 Name **COLE, PEARL J**
 82 Street Address (P.O. Box Number is Not Acceptable)
5110 DOSTIE DR. SOUTH
 83
 84 City **JACKSONVILLE** FL 85 Zip Code **32209**

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 *Pearl J. Cole* DATE **7.1.96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, P.J.	1.2 NAME	
STREET ADDRESS	5110 DOSTIE DRIVE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, ANDRE	2.2 NAME	
STREET ADDRESS	5110 DOSTIE DRIVE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DARCELLE	3.2 NAME	
STREET ADDRESS	5110 DOSTIE DRIVE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DERRICK	4.2 NAME	
STREET ADDRESS	11714 HARTS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGAN, SABRINA	5.2 NAME	
STREET ADDRESS	11714 HARTS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GREG	6.2 NAME	
STREET ADDRESS	3048 HICKORY NUT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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 REQUIRED**
Pearl J. Cole DATE **7.1.96** Daytime Phone # **904 764-9249**
Signature and typed or printed name of signing officer or director

CR2E037 (3/96)