

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38054 (5)
1. Corporation Name
HAVEN SEVENTH DAY CHURCH OF GOD MINISTRIES, INC.



Principal Place of Business: **2000 LEISURE DR., N.W. WINTER HAVEN FL 33881**
Mailing Address: **2000 LEISURE DR., N.W. WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **05/09/1990**
3a. Date of Last Report: **03/02/1995**

21	2. Principal Place of Business 2000 Leisure Dr. N.W.	26	2a. Mailing Address 2000 Leisure DR. N.W.	4.	FEI Number 59-3018886	Applied For			
22	Suite, Apt. #, etc. Winter Haven,	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State Winter Haven, Fla.	28	City & State Winter Haven Fla	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip 33881	25	Country Polk.	29	33881	30	Polk.	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSON, WILFRED H.
2000 LEISURE DR., NW
WINTER HAVEN FL 33881**

81	Name None
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL
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's 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
P	OLSON, WILFRED H.	2000 LEISURE DR., NW	WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
DT	OLSON, LEONA V.	2000 LEISURE DR., NW	WINTER HAVEN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	KENT, ROY W.	15955 HICKORY CORNERS RD	HICKORY CORNERS MI 49060	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VSD	ROUSEY, DEBRA	2005 LEISURE DR NW	WINTER HAVEN FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	STROUPE, L. JAMES	1510 ROBINSON DR	HAINES CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: Wilfred H. Olson *Wilfred H. Olson* 3/12/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)