


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 14 1998 8:00am³
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 # N42327 (9)
1. Corporation Name PARADIGM MINISTRIES, INC.

Principal Place of Business 2101 N AUSTRALIAN AVE WEST PALM BEACH FL 33407 US	Mailing Address 2101 N AUSTRALIAN AVE WEST PALM BEACH FL 33407 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent RAY, HAROLD C 2101 N AUSTRALIAN AVE WEST PALM BEACH FL 33407
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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 reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RAY, HAROLD CALVIN
STREET ADDRESS	11771 LITTLESTONE CT
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	RAY, BRENDA JOYCE
STREET ADDRESS	11771 LITTLESTONE CT
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SD
NAME	WARREN, BJ ESO
STREET ADDRESS	300 SNOWBIRD COURT
CITY-ST-ZIP	IRVING TX 75062
TITLE	D
NAME	HORNBuckle, TERRY PASTOR
STREET ADDRESS	489 EL RIO DRIVE
CITY-ST-ZIP	MESQUITE TX 75150
TITLE	D
NAME	WILLIAMS, STANLEY PASTOR
STREET ADDRESS	OAK HILL VILLAGE PLZ., 7620 103RD ST. #22
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	
NAME	
STREET ADDRESS	
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: Brenda Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified 03/04/1991	
4. FEI Number 65-0255542	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 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 type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

CR2E037 (5/98)