


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 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 # N44039 (8)
1. Corporation Name
DAYSPRING MISSIONARY BAPTIST CHURCH CENTER, INC.



Principal Place of Business 2991 NW 62ND STREET MIAMI FL 33147	Mailing Address 2991 NW 62ND STREET MIAMI FL 33147-7631
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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		3. Date Incorporated or Qualified 06/25/1991	3a. Date of Last Report 02/07/1996
				4. FEI Number 65-0424210	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
				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 PENN, CHARLIE 2991 N.W. 62 ST. MIAMI FL 33147		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	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE NAME COX, SAMUEL STREET ADDRESS 2991 NW 62ND STREET CITY-ST-ZIP MIAMI FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> DELETE NAME BOYD, CHARLES R REV. STREET ADDRESS 2991 NW 62ND STREET CITY-ST-ZIP MIAMI FL 33147	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> DELETE NAME MOORE, ROBERT STREET ADDRESS 2991 NW 62ND STREET CITY-ST-ZIP MIAMI FL 33147	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	<input type="checkbox"/> DELETE NAME PENN, CHARLIE STREET ADDRESS 2991 NW 62ND STREET CITY-ST-ZIP MIAMI FL	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	<input type="checkbox"/> DELETE NAME WILLIAMS, GEORGE STREET ADDRESS 2991 NW 62ND STREET CITY-ST-ZIP MIAMI FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	<input type="checkbox"/> DELETE NAME AMICA, LOUIS STREET ADDRESS 2991 NW 62ND STREET CITY-ST-ZIP MIAMI FL	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Rev Charles R Boyd* 3-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

92E037 (9/96)