

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE: \$236.25).

FILED

Sep 03 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N44974 (6)  
 1. Corporation Name  
 ONE WAY DELIVERANCE GOSPEL MISSION INC.



Principal Place of Business Mailing Address  
 5126 W. PEMBROKE ROAD HOLLYWOOD FL 33020  
 5126 W. PEMBROKE ROAD HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified 08/30/1991 3a. Date of Last Report 11/25/1996  
 4. FEI Number 65-0287873 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 EDWARDS, JOE LEWIS  
 2164 N.W. 55 WAY  
 LAUDERHILL FL 33313

10. Name and Address of New Registered Agent  
 1 Name Calvin J. Payne  
 2 Street Address (P.O. Box Number is Not Acceptable) 21215 NE 9th Ct.  
 3 Unit 3  
 4 City N. Miami Bch. FL 85 Zip Code 33179

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 Calvin Payne Calvin Payne 8-20-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-nesting.) DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|----------------------------|-------------------------------------------------------|----------------------------|
| TITLE                      | D                          | 1.1 TITLE                                             | HAYES, Louis O. (Bishop)   |
| NAME                       | HAYES, LOUIS O. (BISHOP)   | 1.2 NAME                                              | 4530 NW 39th St            |
| STREET ADDRESS             | 540 N.W. 4TH AVENUE, #2505 | 1.3 STREET ADDRESS                                    | Lauderdale Lakes, FL 33319 |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33311    | 1.4 C-ST-ZIP                                          |                            |
| TITLE                      | T                          | 2.1 TITLE                                             | McClendon, Willie          |
| NAME                       | MCCLENDON, WILLIE (MIN.)   | 2.2 NAME                                              | 4120 NW 39 Ave             |
| STREET ADDRESS             | 3495 N.W. 25TH ST.         | 2.3 STREET ADDRESS                                    | Ft. Lauderdale, FL         |
| CITY-ST-ZIP                | FT. LAUDERDALE FL          | 2.4 C-ST-ZIP                                          |                            |
| TITLE                      | ST                         | 3.1 TITLE                                             | Edwards, Joe Lewis         |
| NAME                       | EDWARDS, JOE LEWIS         | 3.2 NAME                                              | 2164 NW 55th Way           |
| STREET ADDRESS             | 2164 N.W. 55TH WAY         | 3.3 STREET ADDRESS                                    | Ft. Laud. FL 33313         |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33313    | 3.4 C-ST-ZIP                                          |                            |
| TITLE                      |                            | 4.1 TITLE                                             | Payne, Calvin Jerome       |
| NAME                       |                            | 4.2 NAME                                              | 21215 NE 9th Ct. U3        |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    | N. Miami Bch., FL 33179    |
| CITY-ST-ZIP                |                            | 4.4 C-ST-ZIP                                          |                            |
| TITLE                      |                            | 5.1 TITLE                                             |                            |
| NAME                       |                            | 5.2 NAME                                              |                            |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                            | 5.4 C-ST-ZIP                                          |                            |
| TITLE                      |                            | 6.1 TITLE                                             |                            |
| NAME                       |                            | 6.2 NAME                                              |                            |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |                            | 6.4 C-ST-ZIP                                          |                            |

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: Calvin Payne 8-20-97 305 655-1024

CR2E037 (4/97)