


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 REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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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	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>08/30/1991</b>	3a. Date of Last Report <b>11/25/1996</b>
4. FEI Number <b>65-0287873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Calvin J. Payne</b>
2. Street Address (P.O. Box Number is Not Acceptable) <b>21215 NE 9th Ct.</b>
3. <b>Unit 3</b>
4. City <b>N. Miami Bch.</b>
5. State <b>FL</b>
6. Zip Code <b>33179</b>

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-instating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, LOUIS O. (BISHOP)</b>	1.2 NAME	<b>Hayes, Louis O. (Bishop)</b>
STREET ADDRESS	<b>540 N.W. 4TH AVENUE, #2505</b>	1.3 STREET ADDRESS	<b>4530 NW 39th St</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	1.4 CITY-ST-ZIP	<b>Lauderdale Lakes, FL 33319</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLENDON, WILLIE (MIN.)</b>	2.2 NAME	<b>McClendon, Willie</b>
STREET ADDRESS	<b>3495 N.W. 25TH ST.</b>	2.3 STREET ADDRESS	<b>4120 NW 39 Ave</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, JOE LEWIS</b>	3.2 NAME	<b>Edwards, Joe Lewis</b>
STREET ADDRESS	<b>2164 N.W. 55TH WAY</b>	3.3 STREET ADDRESS	<b>2164 NW 55th Way</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33313</b>	3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33313</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Payne, Calvin Jerome</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>21215 NE 9th Ct. Unit 3</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>N. Miami Bch., FL 33179</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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**  
SIGNATURE REQUIRED

CR2E037 (4/97)