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Mar 18 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 # **N45560**

(2)

1. Corporation Name

~~LIFE CHURCH MINISTRIES INTERNATIONAL, INC.~~
~~SOULS' HARBOR COVENANT FELLOWSHIP INC.~~

Principal Place of Business	Mailing Address
5975 S.W. 137TH AVENUE, #203 MIAMI FL 33183 10905 S.W. 80 Ave MIAMI FL 33156	5975 S.W. 137TH AVENUE, #203 MIAMI FL 33183-2058 15023 S.W. 139 PL. MIAMI FL 33188



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 10/09/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0292824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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
HARRINGTON, LUCY C REV.
~~5975 S.W. 137TH AVENUE, #203~~ **15023 S.W. 139 PLACE**
~~MIAMI FL 33183~~ **MIAMI FL 33186**

10. Name and Address of New Registered Agent	
81 Name REV: LUCY HARRINGTON	82 Street Address (P.O. Box Number is Not Acceptable) 15023 S.W. 139 PL.
83	84 City MIAMI
85 Zip Code 33186	86 State FL

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	
TITLE	<input type="checkbox"/> DELETE
NAME	CD HARRINGTON, HENRY REV.
STREET ADDRESS	22 COBBLESTONE CT.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE
NAME	VCD HARRINGTON, E W
STREET ADDRESS	22 COBBLESTONE CT.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE
NAME	STD HARRINGTON, LUCY
STREET ADDRESS	5975 S.W. 137TH AVE., #203
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	D HINKLEY, EMMETT B REV.
STREET ADDRESS	3116 OSCEOLA ST
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HARRINGTON, THELMA L
STREET ADDRESS	22 COBBLESTONE CT.
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CD REV: LUCY HARRINGTON
1.3 STREET ADDRESS	15023 S.W. 139 PL.
1.4 CITY-ST-ZIP	MIAMI FL 33186
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VCD JAMES M ABRAHAM
2.3 STREET ADDRESS	10905 S.W. 80 AVE
2.4 CITY-ST-ZIP	MIAMI FL 33156
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD REV: LUCY HARRINGTON
3.3 STREET ADDRESS	15023 S.W. 139 PL
3.4 CITY-ST-ZIP	MIAMI FL 33186
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D BISHOP: WILLIAM F BIBB D MIN.
4.3 STREET ADDRESS	170283 ROBIDEAU ROAD
4.4 CITY-ST-ZIP	GERING NB. 69341
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002117514
6.3 STREET ADDRESS	--03/19/97--01011--044
6.4 CITY-ST-ZIP	***70.00

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 *Lucy Harrington* **REV: LUCY HARRINGTON** **3 28 97**

CR2E037 (9/96)