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May 08 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 # **N47225** (0)

1. Corporation Name

MISSIONARY PENTECOSTAL HOLINESS CHURCH OF BARBERVILLE, INC.



Principal Place of Business POST OFFICE BOX 943 PIERSON FL 32180	Mailing Address P.O. BOX 522 PIERSON FL 32180-0522 US
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3. Date Incorporated or Qualified 02/07/1992	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business 21 Missionary P.H. Church	2a. Mailing Address 26 Missionary P. Church
Suite, Apt. #, etc. 22 P.O. Box 873	Suite, Apt. #, etc. 27 P.O. Box 873
City & State 23 Pierson, FL	City & State 28 Pierson, FL
Zip 24 32180	Country 25 USA
	29 32180 30 USA

4. FEI Number 59-3110902	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
**ZABAWSKI, DAVID M.
7 WEST MAIN STREET
SUITE 300
APOPKA FL 32703**

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

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	D	<input type="checkbox"/> DELETE
NAME	OTERO, MARTIN	
STREET ADDRESS	POST OFFICE BOX 943 N/A	
CITY-ST-ZIP	PIERSON FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ELVIRA	
STREET ADDRESS	POST OFFICE BOX 522 N/A	
CITY-ST-ZIP	PIERSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORTIZ, RODOLFO	
STREET ADDRESS	POST OFFICE BOX 944 N/A	
CITY-ST-ZIP	PIERSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
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: **Elvira Otero**

4-21-97 904-698-4522

CR2E037 (9/96)