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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47316 (7)

1. Corporation Name
SOCIETY OF GOD'S CHILDREN, INC.

Principal Place of Business 172 FAIRVIEW AVE. COCOA FL 32927	Mailing Address 172 FAIRVIEW AVE. COCOA FL 32927-6047
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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
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3. Date Incorporated or Qualified 02/12/1992	3a. Date of Last Report 03/15/1996
4. FEI Number 59-3044317	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROACHE, JAMES D.
172 FAIRVIEW AVE.
COCOA FL 32927**

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 **JAMES D. ROACHE** **James D. Roache** **March 19, 1997**
Signature, typed or printed name of registered agent and title if applicable. (If SE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROACHE, JAMES D.	
STREET ADDRESS	172 FAIRVIEW AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROACHE, LOUISE	
STREET ADDRESS	172 FAIRVIEW AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORTUNO, SAM	
STREET ADDRESS	175 CAPRON RD.	
CITY-ST-ZIP	COCOA FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HUDAK, DEBORAH	
STREET ADDRESS	9 HELENA AVE	
CITY-ST-ZIP	BETHPAGE NY	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUDAK, FRANK	
1.3 STREET ADDRESS	176 FAIRVIEW AVE	
1.4 CITY-ST-ZIP	COCOA, FL 32927	
2.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUDAK, DEBORAH	
2.3 STREET ADDRESS	176 FAIRVIEW AVE	
2.4 CITY-ST-ZIP	COCOA, FL 32927	
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: **James D. Roache** **James D. Roache** **March 19, 1997** **(407) 633-6217**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019163

CR2E037 (9/96)