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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N50190 (0)
1. Corporation Name
GOULDS COALITION OF MINISTERS AND LAY PEOPLE, IN C.



Principal Place of Business: 11621 SW 216TH ST. GOULDS FL 33170 US
Mailing Address: 22365 SW 112TH PLACE GOULDS FL 33170-4709 US

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26 10720 S.W 218 Street
Suite, Apt. #, etc.: 22
City & State: 23 Goulds Fla.
Zip: 24 33170 Country: 25
Country: 29 Dade

4. FEI Number: 59-2824419 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WILLIAMS, CHARLES L.
10720 SW 218 ST
GOULDS FL 33170

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		DELETED
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARRIS, EMANUEL JR	
STREET ADDRESS	9880 PALMETTO CLUB DR.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	CCD	<input type="checkbox"/> DELETE
NAME	ANDREW, ERNEST T	
STREET ADDRESS	12020 S.W 177TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ALICE M	
STREET ADDRESS	22365 S.W. 112TH PLACE	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROUSSARD, BARBARA	
STREET ADDRESS	14841 PIERCE AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TED GREER JR (TD)	<input type="checkbox"/> DELETE
NAME	17401 S.W 84th	
STREET ADDRESS	Miami Fla. 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Charles Williams* CHARLIE WILLIAMS R/A 1/28/97(305)233-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032457

CR2E037 (9/96)