


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
Jul 28 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 # **N92000000636 (2)**

1. Corporation Name

ADDINIA JIREH MINISTRIES, INC.



Principal Place of Business 2239 NW 89 STR MIAMI FL 33142 US	Mailing Address 20621 NW 22ND CT MIAMI FL 33056 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/08/1992		3a. Date of Last Report 08/06/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 45-0382217		Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**PRATT, JOEL E.
20621 NW 22 CT
MIAMI FL 33056**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM, LEROY		1.2 NAME	
STREET ADDRESS 2507 NW 25TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33147		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, JOSEPH		2.2 NAME	
STREET ADDRESS 1141 NW 65TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33150		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE CASEY RUFF	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENRY, ROY		3.2 NAME	
STREET ADDRESS 4421 SW 24TH ST		3.3 STREET ADDRESS 21000 NW 17 Ave #3	
CITY-ST-ZIP HOLLYWOOD FL 33023		3.4 CITY-ST-ZIP Miami FL 33056	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLIER, HANSEL L		4.2 NAME	
STREET ADDRESS 15830 NW 18 AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP OPA LOCKA FL 33054		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRATT, JOEL		5.2 NAME	
STREET ADDRESS 20621 NW 22ND CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANCOIS, HAROLD		6.2 NAME	
STREET ADDRESS 8080 NW 54TH CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33351		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (4/97)