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
Sep 10 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 # N93000001288 (0)

1. Corporation Name
WELCOME HOME MINISTRIES, INC.

Principal Place of Business	Mailing Address
9570 REGENCY SQUARE BLVD. JACKSONVILLE FL 32225	9570 REGENCY SQUARE BLVD. JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993	3a. Date of Last Report: 05/28/1996
4. FEI Number: 59-3222344	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CENAC, CONNIE 9570 REGENCY SQUARE BLVD. JACKSONVILLE FL 32225	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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, MARY G	1.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, LES	2.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, PAUL	3.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	IVEY, MARGARET	4.2 NAME	
STREET ADDRESS	9570 REGENCY SQUARE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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: NO SIGNATURE REQUIRED 8/8/97 (904) 7[illegible]