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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>N93000001584</i> <b>1. Corporation Name</b> <i>GOODS CHURCH OF FAITH, POWER AND DELIVERANCE INTERNATIONAL, INC.</i>					

<b>Principal Place of Business</b> <i>3150 MUNDY ST. #310</i> <i>MIAMI, FL 33133</i>	<b>Mailing Address</b> <i>JAMES DARLING</i> <i>3150 MUNDY ST. #310</i> <i>MIAMI, FL 33133</i>
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<b>2. Principal Place of Business</b> <b>21</b> <i>3150 MUNDY ST. #310</i> Suite, Apt. #, etc. <b>22</b> <i>#310</i> City & State <b>23</b> <i>MIAMI, FL</i> Zip <b>24</b> <i>33133</i> Country <b>25</b> <i>DADE</i>	<b>2a. Mailing Address</b> <b>26</b> <i>3150 MUNDY ST. #310</i> Suite, Apt. #, etc. <b>27</b> <i>#310</i> City & State <b>28</b> <i>MIAMI, FL</i> Zip <b>29</b> <i>33133</i> Country <b>30</b> <i>DADE</i>
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<b>3. Date Incorporated or Qualified</b> <i>1993</i>	<b>3a. Date of Last Report</b> <i>1996</i>
<b>4. FEI Number</b> <i>65-0508428</i>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <i>James Darling</i> <i>3150 Mundy St. #310</i> <i>Miami, FL 33133</i>	
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<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code <i>FL</i>

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	
<b>TITLE</b> <i>PD</i> <input type="checkbox"/> DELETE <b>NAME</b> <i>JAMES DARLING</i> <b>STREET ADDRESS</b> <i>3150 MUNDY ST. #310</i> <b>CITY-ST-ZIP</b> <i>MIAMI, FL 33133</i>	
<b>TITLE</b> <i>VD</i> <input type="checkbox"/> DELETE <b>NAME</b> <i>RONALD DARLING</i> <b>STREET ADDRESS</b> <i>13847 JACKSON ST</i> <b>CITY-ST-ZIP</b> <i>RICHMOND HEIGHTS, FL</i>	
<b>TITLE</b> <i>SD</i> <input type="checkbox"/> DELETE <b>NAME</b> <i>EVELYN F. DARLING</i> <b>STREET ADDRESS</b> <i>3150 MUNDY ST. #310</i> <b>CITY-ST-ZIP</b> <i>MIAMI, FL</i>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <i>700000220</i> <b>1.3 STREET ADDRESS</b> <i>-05/10/97 - 01020 - 017</i> <b>1.4 CITY-ST-ZIP</b> <i>***70.00 ***70.00</i>	
<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	

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.

<b>SIGNATURE:</b> <i>James Darling</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>6-2-97</b> Date	<b>441-2798</b> Daytime Phone #
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CR2E037 (9/96)