


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002336 (6)**  
1. Corporation Name  
**MATLACK SPECIALIZED-CREATIVE MINISTRIES CORP.**



Principal Place of Business <b>8104 VALLEY STREAM LANE BAYONET PT. FL 34667</b>	Mailing Address <b>P.O. BOX 5216 HUDSON FL 34674-5216</b>
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3. Date Incorporated or Qualified <b>05/17/1993</b>	3a. Date of Last Report <b>09/27/1996</b>
4. FEI Number <b>59-3252705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>P.O. Box 5216</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 <b>HUDSON FL.</b> City & State	27 City & State
23 <b>34667</b> Zip	28 <b>PASCO</b> Country
24 <b>34667</b> Zip	29 <b>PASCO</b> Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWARD, DAVID  
7012 ILLINOIS AVENUE  
GIBSONTON FL 33534**

81 Name <b>David Howard</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7012 Illinois Ave</b>
83
84 City <b>Gibsonton</b>
85 Zip Code <b>FL 33534</b>

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 **David Howard**

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-14-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICKETSON, ROBERT M SR.</b>	1.2 NAME	
STREET ADDRESS	<b>8104 VALLEY STREAM LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAYONET PT. FL 34667</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOEHR, JACK</b>	2.2 NAME	
STREET ADDRESS	<b>10811 UNION DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHMEIER, CHARLOTTE L</b>	3.2 NAME	
STREET ADDRESS	<b>7535 ANDREWS AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, CHERRY</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 5216 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDDY, WALTER B</b>	5.2 NAME	
STREET ADDRESS	<b>7625 JUDITH CRESCENT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE **Robert M. Rickerson** **April 15 1997**

CR2E037 (9/96)