


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004590 (6)

1. Corporation Name

POTTER'S FIELD MINISTRIES, INC.

Principal Place of Business

Mailing Address

721 LYONS ROAD, #15203  
COCONUT CREEK FL 33063

721 LYONS ROAD, #15203  
COCONUT CREEK FL 33063-6724



3. Date Incorporated or Qualified 10/11/1993  
3a. Date of Last Report 03/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7128 S. MILITARY TRAIL	26 7128 S. MILITARY TRAIL	APPLIED FOR 45-065225	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23 LAKE WORTH, FLA.	28 LAKE WORTH, FLA.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Zip		
24 33463	29 33463		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROZELL, MICHAEL S  
721 LYONS RD. #15203  
COCONUT CREEK FL 33063

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	7128 S. MILITARY TRAIL
83	
84 City	LAKE WORTH, FLA. FL
85 Zip Code	33463

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELL, MICHAEL S	1.2 NAME	
STREET ADDRESS	721 LYONS ROAD, #15203	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELL, PAM	2.2 NAME	
STREET ADDRESS	721 LYONS ROAD, #15203	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, TIM	3.2 NAME	
STREET ADDRESS	7128 SOUTH MILITARY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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, or on an attachment with an address.

SIGNATURE:

 MICHAEL ROZELL

954 978 3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025472

CR2E037 (9/96)