


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005670 (5)			
1. Corporation Name THE WEST FLORIDA CONFERENCE, INC.			
Principal Place of Business 40 EAST STATE STREET JACKSONVILLE FL 32202		Mailing Address 40 EAST STATE STREET JACKSONVILLE FL 32202	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/13/1993		4. FEI Number 53-0204696	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 PARKER, AVA 603 N. MARKET STREET JACKSONVILLE FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input type="checkbox"/> DELETE NAME CUMMINGS, BISHOP FRANK C STREET ADDRESS 40 E. STATE STREET CITY-ST-ZIP JACKSONVILLE FL 32202		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Desue Thomas B. 1.3 STREET ADDRESS 1690 Ribault Square IV 1.4 CITY-ST-ZIP JACKSONVILLE FL 32208	
TITLE D <input type="checkbox"/> DELETE NAME YOUNG, THELMA S REV STREET ADDRESS P.O. BOX 860 N/A CITY-ST-ZIP MARIANNA FL 32446		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 600002594646--2 2.4 CITY-ST-ZIP -07/21/98--01106--001	
TITLE D <input type="checkbox"/> DELETE NAME SANCHEZ, JOSEPH E STREET ADDRESS 1005 M.L. KING AVE. CITY-ST-ZIP CRESTVIEW FL 32534		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ****490.00 ****\$1.25	
TITLE D <input type="checkbox"/> DELETE NAME BARKLEY, REV. G. T STREET ADDRESS 1912 HAMILTON COURT CITY-ST-ZIP QUINCY FL 32351		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME MCNEALY, REV. W E STREET ADDRESS 521 WOODLAND DR. CITY-ST-ZIP PENSACOLA FL 32444		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME GRIFFIN, REV. CALVIN SR. STREET ADDRESS 1415 LOUISIANA AVE. CITY-ST-ZIP LYNN HAVEN FL 32444		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Desue Thomas B.		Date 07/17/98 Daytime Phone # 355-8263	

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