


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
 Jul 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000494 (4)
 1. Corporation Name
BAPTIST CHRISTIAN ASSEMBLY & MISSION OUTREACH IN C.



Principal Place of Business 3625 N.W. 31 AVE. FORT LAUDERDALE FL 33311	Mailing Address 1817 N.W. 15 ST. FORT LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1160 S.W 30 AVE	2a. Mailing Address 26 1817 N.W 15 St	3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Report 04/15/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0457385	Applied For <input type="checkbox"/> Not Applicable
23 City & State Ft. Land	28 City & State Ft. Land Fla	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33312	25 Country U.S	29 Zip 33311	30 Country U.S
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
DESIR, ESTANGEL
1817 N.W. 15 ST.
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
FL B5 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DESIR, ESTANGEL	
STREET ADDRESS	1817 NW 15TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FANFAN, JOHN	
STREET ADDRESS	951 E. DAYTON CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LABASTILLE, AMOSE	
STREET ADDRESS	3333 S.W. 15TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JNCLAUDE, WILFRID C	
STREET ADDRESS	1064 CAROLINA AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JESULA CONTENT	
STREET ADDRESS	3333 SW 15TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D DENISE MATHURIN
2.3 STREET ADDRESS	620 ARIZONA AVE
2.4 CITY-ST-ZIP	Ft. Land Fla 33312
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D JOSUE VILSAINT
3.3 STREET ADDRESS	1637 N.W 11 AVE
3.4 CITY-ST-ZIP	Ft. Land Fla 33311
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jesola J. Phineus
5.3 STREET ADDRESS	3333 S.W 15 St
5.4 CITY-ST-ZIP	Ft. Land Fla 33312
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 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: _____ SIGNATURE REQUIRED **7/20/97 (954) 523-9576**

CR2E037 (4/97)