

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  
 Aug 19 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 # N94000002930 (5)**  
 1. Corporation Name  
**ONESIMUS EVANGELISTIC MINISTRIES, INC.**



Principal Place of Business <b>4752 AMOY COURT ORLANDO FL 32805</b>	Mailing Address <b>4752 AMOY COURT ORLANDO FL 32805</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/16/1994</b>		3a. Date of Last Report <b>10/28/1996</b>	
21		26		4. FEI Number <b>59-3252750</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**9. Name and Address of Current Registered Agent**

**WADE, ANDREW**  
**4752 AMOY CT.**  
**ORLANDO FL 32805**

**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 Andrew Wade Andrew Wade  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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>WADE, ANDREW</b>	1.2 NAME	
STREET ADDRESS	<b>4752 AMOY COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITEHURST, JULIA E</b>	2.2 NAME	<b>WADE, JULIA E.</b>
STREET ADDRESS	<b>4739 SPANIEL ST.</b>	2.3 STREET ADDRESS	<b>4739 SPANIEL ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32818</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DEBREITA</b>	3.2 NAME	<b>Taylor, DEBREITA</b>
STREET ADDRESS	<b>482 LAKE BRIDGE LANE, APT 1221</b>	3.3 STREET ADDRESS	<b>157 KENT ST.</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FLA 32805</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, PARIS</b>	4.2 NAME	
STREET ADDRESS	<b>1200 THOUSAND OAKS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPARROW, LAWRENCE</b>	5.2 NAME	
STREET ADDRESS	<b>3809 PIPES O THE GLENWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, ROBIN</b>	6.2 NAME	
STREET ADDRESS	<b>6060 SCOTCHWOOD GLENN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	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 if changed, or on an attachment with an address.

SIGNATURE Andrew Wade SIGNATURE REQUIRED Andrew Wade (147) 899 2174

CR2E037 (4/97)