SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N94000004534 (3) DOCUMENT # JAMES R. FERGUSON MINISTRIES, INC. Mailing Address Principal Place of Business 2040 N.W. 207TH ST. 2040 N.W. 207TH ST. MIAMI FL 33056 MIAM! FL 33056 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1994 05/01/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3275637 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Furid Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζip Ζip Country Florida Statutes Yes No 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FERGUSON, JAMES R REV. Street Address (P.O. Box Number is Not Acceptable) 82 2040 N.W. 207TH ST. 83 MIAMI FL 33056 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Flor/da 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 a standing with and except the obligations of \$7.0503, Florida Statutes. if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/6)RS AND DIRECTORS 13. 12. Addition Change DELETE 1 I TITLE TITLE FERGUSON, JĀMES R 12 NAME NAME 2040 N.W. 207TH ST. 13 STREET ADDRESS STREET ADDRESS **MIAMI FL 33056** 14 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2 1 TITLE TITLE FERGUSON, MAXINE D 2.2 NAME 2040 NW 207 ST MIAMI, FL 33056 NAME P.O. BOX N-9489 23 STREET ADDRESS STREET ADDRESS NASSAU, THE BAHAMAS 2 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE SAUNDERS, JOYCE S NAME 3 2 NAME 2040 N.W. 207TH ST. 3 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33056** 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE LLOYD, CLAUDIA 4 2 NAME NAME 1271 N.E. 211TH ST. 4.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33179 4.4 CITY - ST - ZIP CITY - ST - ZIP EXECUTIVE SECKCTAR LYCHANGE [
15863 NW 11# 57
PEMBROKE PINES, FL. 33028 DELETE 51 TITLE TITLE MITCHELL, MARJORIE 5 2 NAME NAME 1431 N.W. 174TH ST. 5 3 STREET ADDRESS STREET ADDRESS MIAMI FL 33169 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRES STREET ADDRESS

SIGNATURE:

E AND TYPED OR RINTED NAME

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not gualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual seport is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am en office or director of the controlling 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, over an attachment with an address. 814196 (305) 625-1085