FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

N94000004994 (9) DOCUMENT

JAMES HAYWOOD MINISTRIES, INC.					
Principal Place of	Business	Mailing Address			
2908 HARWOOL		2908 HARWOOD STRE	ET		
TALLAHASSEE	FL 32301	TALLAHASSEE FL 3230)d		
				3. Date Incorporated or Qualified 10/11/1994 3a. Date of Last Report 05/01/1995	
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-3322 324 Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28	On other	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax oder s. 199.032.	
Zip	Country	Zip	Country 30	Florida Statutes Yes Vo	
4	9. Name and Address of Curren	29 29 Agent	30	10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	r Hodistores viden	81 Name		
			82 Street	Address (P.O. Box Number is Not Acceptable)	
	D, JAMES M		82 Street	Auditeda y .O. Don Maria	
	RWOOD STREET		83		
IALLAHA	SSEE FL 32301		84 City	85 Zip Code	
			1	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE _	Signature, typed or pricted name of registered agen OFFICERS AN	t and little if applicable (*) ID DIRECTORS	OTE Registered Agent signature 13.	ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 1 TITLE	Change Addition	
NAME	HAYWOOD, JAMES M		12 NAME		
STREET ADDRESS	2908 HARWOOD STREET		1 3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32301	Florests	1.4 CITY - ST-ZIP	Change Addition	
TITLE	VD	DELETE	21 TITLE		
NAME	HAYWOOD, CLAUDIA M		2 2 NAME 2.3 STREET ADORESS		
STREET ADDRESS	2908 HARWOOD STREET		2.3 STREET ADURESS	·	
CITY-ST-ZIP	TALLAHASSEE FL 32301	DELETE	31 TI!LE	Change Addition	
TITLE	d Speights, Wilmer F		32 NAME		
NAME STREET ADDRESS	2908 HARWOOD STREET		3 3 STREET ADDRESS	5	
CITY-ST-ZIP	TALLAHASSEE FL 32301		3 4. CITY - ST - ZIP	Change Addition	
TITLE		DELETÉ	4 1 TITLE	Change [_] Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	S	
CITY-ST-ZIP		- Contract	4.4 CHY-ST-ZIP	Addition	
TITLE		DELETE	5 1 TITLE	8000018205 5 9	
NAME			5.2 NAME 5.3 STREET ADDRES	***70.00	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE	Change Addition	
TITLE			6.2 NAME	Eb	
NAME			63 STREET ADDRES	²²	
STREET ADDRESS			LA LOUIN DE JID	, i	
CITY-ST-ZIP	by certify that the information supplied the information indicated on this ar			qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made under	

certify that the information indicated on this arinual report of supplemental annual report is true and accorded an oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this repapears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

5-6-96 (904) 877 -3640