

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # **N94000005005 (3)**

1. Corporation Name

RESURRECTED LIFE MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

**9150 NW 7 AVE
#410
MIAMI FL 33150
US**

**P.O. BOX 680552
MIAMI FL 33168-0552**



2. Principal Place of Business 21 270 NW 181ST STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip Country 24 33169 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/07/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0554162		Applied For Not Applicable		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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAFIENA, JOHN O
9150 NW 7 AVE
#410
MIAMI FL 33150**

81	Name	JOHN O. ARAFIENA
82	Street Address (P.O. Box Number is Not Acceptable)	270 NW 181ST STREET
83		
84	City	MIAMI
85	Zip Code	33169

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

[Signature]

4/15/97

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	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	D ARAFIENA, JOHN O 9150 NW 7TH AVE. #410 MIAMI FL 33150	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	DT WYCLIFFE TYSON 6941 BAY DR #6 NORMANDY ISLE MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	DS MELLISA BRAC 10040 NW 9TH ST CIRCLE #101 MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DS LAWRENCE ETUMNU 3361 NW 171ST STREET CAROL CITY, FL. 33056
<input type="checkbox"/> DELETE	D ANTHONY OJUDOH 55 NW 195TH ST MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D JULIA REESE 19690 NW 32ND AVE CAROL CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	D PABLO AROCHA 9351 FOUNTAINBLEAU BLVD #B119 MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D RICHARD NZERIBE 755 NW 128TH STREET MIAMI, FL 33168

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.

CR2E037 (9/96)