


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005095 (4) 1. Corporation Name CHURCH OF GOD - HONDURAS, INC.			
Principal Place of Business 3101 NW 7th Avenue Miami, Florida 33127		Mailing Address 3211 NW 11th Avenue Miami, Florida 33127	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/13/1994		3a. Date of Last Report 01/18/96	
4. FEI Number 65-0566860		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 Wynn, Robert L. 171 NW 37th Street #4 Miami, Florida 33127		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input checked="" type="checkbox"/> DELETE		
NAME	Brooks, Esau Elder		
STREET ADDRESS	Roatan Bay Island		
CITY-ST-ZIP	Honduras, CA		
TITLE	D <input checked="" type="checkbox"/> DELETE		
NAME	Brooks, Elizabeth		
STREET ADDRESS	Roatan Bay Island		
CITY-ST-ZIP	Honduras, CA		
TITLE	S <input checked="" type="checkbox"/> DELETE		
NAME	Bodden, Nelly		
STREET ADDRESS	9361 NW 33rd CT		
CITY-ST-ZIP	Miami, Florida 33127		
TITLE	D <input type="checkbox"/> DELETE		
NAME	Bodden, Marvith		
STREET ADDRESS	9361 NW 33rd CT		
CITY-ST-ZIP	Miami, Florida 33147		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	Connor, Krincezess		
1.3 STREET ADDRESS	3211 NW 11th Place		
1.4 CITY-ST-ZIP	Miami, Florida 33127		
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	Connor, Claricia		
2.3 STREET ADDRESS	3211 NW 11th Place		
2.4 CITY-ST-ZIP	Miami, Florida 33127		
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	Hynds, Marva		
3.3 STREET ADDRESS	1478 NW 39th Street		
3.4 CITY-ST-ZIP	Miami, Florida 33142		
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 type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 if changed, or on an attachment with an address.			
SIGNATURE: <i>Connor, Krincezess</i> President 3-26-97 4.1.97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (9/96)