

FILE NOW: FILING FEE IS \$61.25

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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 # **N94000005706 (6)**

1. Corporation Name

CONGRESS OF WOMEN IN MINISTRY INCORPORATED



Principal Place of Business 3401 NW 170TH STREET OPALOCKA FL 33056	Mailing Address 3401 NW 170TH STREET OPALOCKA FL 33056-4126
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3. Date Incorporated or Qualified 11/15/1994	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21 411 N.W. 1st Ave. Suite, Apt. #, etc. 22 Hallandale, Fl. 33009 City & State 23 Hallandale, Fl. 33009 Zip Country 24 33009 25 Broward	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 65-0549852	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 MCCRAE, GENEVA 601 NW 171ST STREET OPALOCKA FL 33056	10. Name and Address of New Registered Agent 81 Name Geneva McCrae 82 Street Address (P.O. Box Number is Not Acceptable) 2124 NW 42 Street 83 84 City Miami FL 85 Zip Code 33142
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11. Pursuant to the provisions of Sections 617.0503 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 **Geneva McCrae** *Geneva McCrae* **4/14/97**
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	PD	1.1 TITLE	PD
NAME	MCCRAE, GENEVA	1.2 NAME	Geneva McCrae
STREET ADDRESS	3601 NW 171ST STREET	1.3 STREET ADDRESS	2124 NW 42 Street
CITY-ST-ZIP	OPALOCKA FL 33056	1.4 CITY-ST-ZIP	Miami, Fl. 33142
TITLE	SD	2.1 TITLE	
NAME	WILLIAMS, STACY E	2.2 NAME	
STREET ADDRESS	3601 NW 171ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CLAYTON, ALEXANDRIA C	3.2 NAME	
STREET ADDRESS	3401 NW 170TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **Geneva McCrae** *Geneva McCrae* **4/14/97**

CR2E037 (9/96)