


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 01 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																										
<b>DOCUMENT # N94000006201 (7)</b> 1. Corporation Name <b>Scarlett Cord Ministries, Inc.</b>																																																																																																														
Principal Place of Business <b>4047 Peters Road</b> <b>Plantation, FL 33317</b> <b>US</b>		Mailing Address <b>4047 Peters Rd</b> <b>Plantation, FL 33317</b> <b>US</b>		3. Date Incorporated or Qualified <b>12/20/94</b>																																																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3a. Date of Last Report <b>4-28-96</b> 4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>Ed Roland</b> <b>5739 Pine Terrace</b> <b>Plantation, FL 33317</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td><b>ED</b></td> <td><b>CURRIE, MYRNA L.</b></td> <td><b>4047 Peters Rd.</b></td> <td></td> </tr> <tr> <td></td> <td><b>SD</b></td> <td><b>Bhutta, Sandra</b></td> <td><b>3341 NW 47 Terrace</b></td> <td></td> </tr> <tr> <td></td> <td><b>D</b></td> <td><b>Roland, Ed</b></td> <td><b>5739 Pine Terrace</b></td> <td></td> </tr> <tr> <td></td> <td><b>T</b></td> <td><b>Smith, Trevor</b></td> <td><b>11050 NW 27 Place</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE		<b>ED</b>	<b>CURRIE, MYRNA L.</b>	<b>4047 Peters Rd.</b>			<b>SD</b>	<b>Bhutta, Sandra</b>	<b>3341 NW 47 Terrace</b>			<b>D</b>	<b>Roland, Ed</b>	<b>5739 Pine Terrace</b>			<b>T</b>	<b>Smith, Trevor</b>	<b>11050 NW 27 Place</b>						<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">11 TITLE</td> <td style="width:40%;">12 NAME</td> <td style="width:10%;">13 STREET ADDRESS</td> <td style="width:10%;">14 CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																												
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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.																																																																																																														
<b>SIGNATURE: Myrna Loy Currie</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4-28-97 954-584-7406</b> Date Daytime Phone #																																																																																																											

CR2E037 (9/96)