


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Aug 27 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 # N95000000497 (6)
 1. Corporation Name
LILY OF THE VALLEY APOSTOLIC CHURCH, INC.

Principal Place of Business 10843 A N.W. 27 AVE MIAMI FL 33167	Mailing Address PO BOX 69-3159 MIAMI FL 33269
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 06/20/1996
4. FEI Number 65-0515980	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SADDLER, TONY
10843 A N.W. 27 AVE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name Tony Saddler
82 Street Address (P.O. Box Number is Not Acceptable) 10030 S.W. 8th ST.
83
84 City Pembroke Pines
85 Zip Code FL 33025

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 *Tony Saddler* **Tony Saddler** **8/17/97**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SADDLER, TONY	
STREET ADDRESS	301 NW 105TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SADDLER, CARLENE C	
STREET ADDRESS	301 NW 105TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MATTIS, JOYCELINE	
STREET ADDRESS	301 NW 105TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MATTIS, LAVERN M	
STREET ADDRESS	155 NE 191 ST.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASIMIR, JOYCELYN	
STREET ADDRESS	155 NE 191 ST.	
CITY-ST-ZIP	N. MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOAN	
STREET ADDRESS	2788 NW 194 TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tony Saddler	
1.3 STREET ADDRESS	10030 S.W. 8th ST.	
1.4 CITY-ST-ZIP	Pembroke Pines, FL. 33025	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carlene C. Saddler	
2.3 STREET ADDRESS	10030 S.W. 8th ST.	
2.4 CITY-ST-ZIP	Pembroke Pines, FL. 33025	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Williams	
4.3 STREET ADDRESS	2766 N.W. 194 Terrace	
4.4 CITY-ST-ZIP	Miami, FL. 33056	
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 *Tony Saddler* **Tony Saddler** **8/17/97** **10843 A N.W. 27 AVE**

CP2E037 (4/97)