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Jun 25 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 # **N95000001565 (9)**
1. Corporation Name

HARRIS CHAPEL LIFE ENRICHMENT CENTER, INC.



Principal Place of Business 2351 N.W. 26TH ST. OAKLAND PARK FL 33311	Mailing Address P.O. BOX 5242 FT. LAUDERDALE FL 33310-5242
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3. Date Incorporated or Qualified **04/04/1995** 3a. Date of Last Report **05/01/1996**

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
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

- 9. Name and Address of Current Registered Agent MURPHY, EDDIE L JR. 2351 N.W. 26TH ST. OAKLAND PARK FL 33311	
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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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HARGRAY, VERNON E
STREET ADDRESS	4701 N.W. 19TH CT.
CITY-ST-ZIP	LAUDERHILL FL 33313
TITLE	D
NAME	LEWIS, EVELYN J
STREET ADDRESS	426 N.W. 9TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	D
NAME	GRISHAM, CLARENCE
STREET ADDRESS	2340 N.W. 29TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33313
TITLE	Director
NAME	HOWELL, RUBY H
STREET ADDRESS	1538 N.W. 12TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	Director
NAME	BATIE, GWENDOLYN C
STREET ADDRESS	2770 N.W. 26TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	Director
NAME	GILES, ALPHONSO
STREET ADDRESS	2663 N.W. 8TH RD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director
1.2 NAME	Willie L. Simmons
1.3 STREET ADDRESS	421 N. W. 29 Avenue
1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33312
2.1 TITLE	Director/Secretary
2.2 NAME	Dolores O'Hara
2.3 STREET ADDRESS	101 SE. 2nd Avenue
2.4 CITY-ST-ZIP	Fort Lauderdale FL 33301
3.1 TITLE	Director/Vice President
3.2 NAME	CAROL STEVENS
3.3 STREET ADDRESS	1311 N.E. 42nd Street
3.4 CITY-ST-ZIP	Oakland Park Florida 33334
4.1 TITLE	Director/Registered Agent
4.2 NAME	Eddie L. Murphy, Jr.
4.3 STREET ADDRESS	2900 N.W. 24th Ave.
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

CR2E037 (9/96)