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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002227 (5)
1. Corporation Name
S.U.P.P.O.R.T. MINISTRIES, INC.



Principal Place of Business 412 ZACK ST. TAMPA FL 33602	Mailing Address 8480 SHELDON RD. SUITE 128 TAMPA FL 33615-1606
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3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report 07/31/1996
4. FEI Number APPLIED FOR 59-3463611	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GILES, JOHN L REV.
8718 BOYSENBERRY DR.
TAMPA FL 33635**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	900002278 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, JOHN L	1.2 NAME	-08/27/97-01071--001
STREET ADDRESS	8718 BOYSENBERRY DR.	1.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, DANIEL J	2.2 NAME	Washington, George
STREET ADDRESS	905 E. JACKSON ST.	2.3 STREET ADDRESS	3608 B. Lambright St
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	Tampa, Fl. 33610
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	OBRIEN, LESTER	3.2 NAME	
STREET ADDRESS	1705 N. HOWARD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LETKUS, LINDA P	4.2 NAME	
STREET ADDRESS	9225 W PATERSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33015	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D Anderson, Lawrence <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, LEON	5.2 NAME	3703 E. Shadowlawn Ave.
STREET ADDRESS	14869 VILLAGE GLEN CIRCLE	5.3 STREET ADDRESS	Tampa, Fl. 33635
CITY-ST-ZIP	TAMPA FL 33624	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Buford, Karan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, CLEVELAND	6.2 NAME	4208 Brentwood Park Circle
STREET ADDRESS	1811 E. PALIFOX	6.3 STREET ADDRESS	Tampa, Fl. 33624
CITY-ST-ZIP	TAMPA FL 33624	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)

SCC
8-25-97