

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

96 SEP 16 AM 11:00

DOCUMENT # N95000002583 (1)

1. Corporation Name
 HELP NOW MINISTRIES INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 205 S.W. 67TH TERRACE
 PEMBROKE PINES FL 33023

Mailing Address
 P.O. BOX 7389
 HOLLYWOOD FL 33081

3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report
4. FEI Number 65-0589628	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	

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	29
25	30

9. Name and Address of Current Registered Agent

WILLIAMS, ERROL E
 205 S.W. 67TH TERRACE
 PEMBROKE PINES FL 33023

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE "D"	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. MICHAEL HARRISON	1.2 NAME	DAVID HORSFORD
STREET ADDRESS	7825 VENETIAN ST.	1.3 STREET ADDRESS	194 89 NE 10 AVE
CITY-ST-ZIP	MIRAMAR FL 33023	1.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE "D"	DIRECTOR/PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ERROL E. WILLIAMS	2.2 NAME	
STREET ADDRESS	205 SW 67 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	2.4 CITY-ST-ZIP	
TITLE "D"	SECRETARY/DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ANGELA WILLIAMS	3.2 NAME	
STREET ADDRESS	205 SW 67 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	3.4 CITY-ST-ZIP	
TITLE "D"	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MARGIE HARDY	4.2 NAME	
STREET ADDRESS	20 800 NE MIAMI COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MATTHEW COMBLE	5.2 NAME	
STREET ADDRESS	600 PALM DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33089	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	

800001960618
 -10/01/96--01063--031
 *****61.25 *****61.25

9B9-210-910

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ERROL E. WILLIAMS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 Date 754 963 7371 Daytime Phone #
 8/6/96

0006550

CR2E037 (3/96)