

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 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 # **N95000003307 (4)**

1. Corporation Name

RELIGIOUS SCIENCE CHURCH OF GREATER MIAMI, INC.



Principal Place of Business 1855 NE 121ST ST. #2 NORTH MIAMI BEACH FL 33181	Mailing Address 1855 NE 121ST ST. #2 NORTH MIAMI BEACH FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 08/12/1996
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 94-3184238	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		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

10. Name and Address of New Registered Agent

**HIGGS, BARBARA
1855 NE 121ST ST.
#2
NORTH MIAMI BEACH FL 33181**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	ASST. TREASURER
NAME	JOHNSON, OLMA	1.2 NAME	RAMONA NICKSON
STREET ADDRESS	1851 NE 111 ST #C16	1.3 STREET ADDRESS	1371 NW 171 ST
CITY-ST-ZIP	MIAMI FL 33181	1.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	T	2.1 TITLE	
NAME	THOMAS, PAULINE	2.2 NAME	
STREET ADDRESS	15300 S.W. 51ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33027	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	GOMEZ, PRISCILLA	3.2 NAME	
STREET ADDRESS	1120 NE 110 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	PT	4.1 TITLE	
NAME	HIGGS, BARBARA	4.2 NAME	
STREET ADDRESS	1855 NE 121 ST #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 changed, or on an attachment with an address.

SIGNATURE  SIGNATURE REQUIRED

8-15-97 (25) 995-2872

CP2E037 (4/97)