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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000003658 (0)

1. Corporation Name

JESUS IS ALIVE MINISTRIES PRAISE AND WORSHIP CENTER, INC.



Principal Place of Business

Mailing Address

4500 NW 27 AVE
MIAMI FL

4500 NW 27 AVE
MIAMI FL 33142-4522

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 7100 NW 15 Ct

26 7100 NW 15 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Miami, FL

27 City & State

Miami, FL

23 Zip

33147

Country

USA

28 Zip

33147

Country

USA

4. FEI Number

65-0601001

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, REBECCA
2923 NW 58 ST
MIAMI FL 33142

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	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, FREDDIE L	
STREET ADDRESS	2923 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, REBECCA	
STREET ADDRESS	2923 NW 58 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PETER	
STREET ADDRESS	388 W 58 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CONNIE	
STREET ADDRESS	388 W 58 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOMFIELD, WILLIE	
STREET ADDRESS	2115 NW 192 TERR	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, HAZEL	
STREET ADDRESS	1449 NE 154 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *Freddie L. Robinson*

2/21/97 (304) 696-7574

CR2E037 (9/96)