


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  
Sep 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004095 (4)**

1. Corporation Name

**DISCIPLES OF CHRIST INTER-DENOMINATIONAL MINISTRY, INC.**

Principal Place of Business

Mailing Address

**10231 FOXCROFT RD. WEST  
JACKSONVILLE FL 32257**

**10231 FOXCROFT RD. WEST  
JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/14/1995</b>	3a. Date of Last Report <b>08/05/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May be Added to Fees</b>
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23 Zip	28 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUKES, JOSEPH JR.  
10231 FOXCROFT RD. WEST  
JACKSONVILLE FL 32257**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUKES, JOSEPH JR.</b>	1.2 NAME	
STREET ADDRESS	<b>10231 FOXCROFT RD. WEST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, ARNOLD</b>	2.2 NAME	
STREET ADDRESS	<b>10231 FOXCROFT RD. WEST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUKES, SHIRLEY</b>	3.2 NAME	
STREET ADDRESS	<b>10231 FOXCROFT RD. WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, PAT</b>	4.2 NAME	
STREET ADDRESS	<b>10231 FOXCROFT RD. WEST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKES, ANNE</b>	5.2 NAME	
STREET ADDRESS	<b>5201 ATLANTIC BLVD #275</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUKES, TRACIE</b>	6.2 NAME	
STREET ADDRESS	<b>4134 ROLLINGWOOD COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	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 **DUKES, JOSEPH JR.**

**300002298853**  
**-09/22/97--01007--020**  
**\*\*\*61.25**

CP2E037 (4/97)