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Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005759 (4)

1. Corporation Name

ROSE OF SHARON ENCOURAGING MINISTRIES, INC.

Principal Place of Business

Mailing Address

4210 LAKE LOUISVILLE DR.  
LOUISVILLE KY 40245P.O. BOX 904  
PEWEE VALLEY KY 40056-09043. Date Incorporated or Qualified  
12/04/19953a. Date of Last Report  
08/20/1996

2. Principal Place of Business

2a. Mailing Address

21 BSD Washburn Avenue

28 P.O. Box 904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 33

27

City &amp; State

City &amp; State

23 Louisville, KY

28 Pewee Valley, KY

Zip

Country

Zip

Country

24 40222

25 USA

29 40056-0904

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EICHELHART, BRIAN  
9420 JOHNSON ST.  
PEMBROKE PINES FL 33024

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 D  
NAME WALLACE, RON  
STREET ADDRESS 110 NW 207 WAY  
CITY - ST - ZIP PEMBROKE PINES FL 330291.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D  
NAME MURPHY, KEVIN  
STREET ADDRESS 6457 BUCHANAN ST.  
CITY - ST - ZIP HOLLYWOOD FL 330242.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE D  
NAME WOLFE, ARTHUR C  
STREET ADDRESS 850 WASHBURN AVE. #23  
CITY - ST - ZIP LOUISVILLE KY 402223.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE PD  
NAME KEYS, GARY M  
STREET ADDRESS 4210 LAKE LOUISVILLE DR.  
CITY - ST - ZIP LOUISVILLE KY 402454.1 TITLE PD  
4.2 NAME KEYS, Gary M.  
4.3 STREET ADDRESS BSD Washburn Ave. #33  
4.4 CITY - ST - ZIP Louisville, KY 40222TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
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:

Signature, typed or printed name of signing officer or director

4/13/97

502/329-9380

CR2E037 (9/96)