


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).

APPROVED
AND
FILED

1997 SEP 22 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001555 (9)

1. Corporation Name
THE FAMILY WORSHIP AND PRAISE CENTER, INC.

Principal Place of Business 1028 SUTOR ROAD TALLAHASSEE FL 32311	Mailing Address 1028 SUTOR ROAD TALLAHASSEE FL 32311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3725 Apalachee Pkwy	2a. Mailing Address 26 3725 Apalachee Pkwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee Florida	City & State 28 Tallahassee, FLA
Zip 24 32311	Country 25 LEON
Zip 29 32311	Country 30 LEON

3. Date Incorporated or Qualified 03/21/1996	3a. Date of Last Report Sept. 12, 1997
4. FEI Number 59-3386168	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLANAGAN, CYRUS F
1028 SUTOR ROAD
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 **CYRUS F. FLANAGAN** *Cyrus F. Flanagan* **Sept. 14, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME FLANAGAN, CYRUS	
STREET ADDRESS 1028 SUTOR ROAD	
CITY-ST-ZIP TALLAHASSEE FL 32311	
TITLE V	<input type="checkbox"/> DELETE
NAME FLANAGAN, RHONDA	
STREET ADDRESS 1028 SUTOR ROAD	
CITY-ST-ZIP TALLAHASSEE FL 32311	
TITLE S	<input type="checkbox"/> DELETE
NAME PRICE, ESTELLE	
STREET ADDRESS 1028 SUTOR ROAD	
CITY-ST-ZIP TALLAHASSEE FL 32311	
TITLE T	<input type="checkbox"/> DELETE
NAME BARBER, TREASURER	
STREET ADDRESS 1028 SUTOR ROAD	
CITY-ST-ZIP TALLAHASSEE FL 32311	
TITLE D	<input type="checkbox"/> DELETE
NAME Michael Lane	
STREET ADDRESS 1028 Sutor Road	
CITY-ST-ZIP Tallahassee, FL 32311	
TITLE T	<input type="checkbox"/> DELETE
NAME Roland Hedrington	
STREET ADDRESS 1028 Sutor Road	
CITY-ST-ZIP Tallahassee, FL 32311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100002299091--4
1.4 CITY-ST-ZIP	-09/22/97--01004--020
2.1 TITLE	*****61.25 <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.

CR2E037 (4/97)

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Michael D. Frye
1028 Sutor Road
Tallahassee, FL 32311