


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).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
97 OCT 14 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


DOCUMENT # N96000002100 (3)
 1. Corporation Name
ALMSWAY MINISTRIES, INC.

Principal Place of Business 680 BROOKFIELD LOOP LAKE MARY FL 32746	Mailing Address 680 BROOKFIELD LOOP LAKE MARY FL 32746
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last Report
4. FEI Number 59-3341120	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**KENNEDY, HAROLD E
 3575 W. LAKE MARY BLVD., SUITE 107
 LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	70000232257--6
83	-10/16/97--01084--008
84 City	*****61.25 *****61.25 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

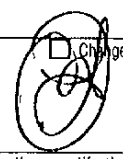
TITLE	D <input type="checkbox"/> DELETE
NAME	IZQUIERDO, ROBINSON
STREET ADDRESS	680 BROOKFIELD LOOP
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> DELETE
NAME	DRAKE, SYLVIA
STREET ADDRESS	680 BROOKFIELD LOOP
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> DELETE
NAME	FITZGERALD, YVONNE
STREET ADDRESS	1229 PARK GREEN
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D <input type="checkbox"/> DELETE
NAME	FITZGERALD, ERIC
STREET ADDRESS	1229 PARK GREEN
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
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)(l), 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)



SIGNATURE REQUIRED