


FILE NOW: FILING FEE IS \$01.25

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

98 DEC 11 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002917 (0)

1. Corporation Name

A DREAM COME TRUE Ministry, Inc.

Principal Place of Business

Mailing Address

17500 N.W. 42nd Ct.
MIAMI, FL 33055

17500 N.W. 42nd Ct.
MIAMI, FL 33055

3. Date Incorporated or Qualified

3a. Date of Last Report

06-02-96

4. FEI Number

Applied For

31-1485403

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Hethington, Vincent
3131 N.W. 16th Terrace
Opa-Locka, FL 33054

81 Name

Robert Hall

82 Street Address (P.O. Box Number is Not Acceptable)

3041 Oakland Forest Drive

83 Suite 204

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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)

12/2/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DD
Woodard, Rufus D.
17500 N.W. 42nd Ct.
MIAMI, FL 33055

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Smith, Anthony E.
17500 N.W. 42nd Ct.
MIAMI, FL 33055

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Walker, Thelma
17500 N.W. 42nd Ct.
MIAMI, FL 33055

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition
300002713733-7
-12/15/98 - 01102-009
*****61.25 *****61.25

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
Pollock, Rodney
17500 N.W. 42nd Ct.
MIAMI, FL 33055

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DS
Pollock, Debra
17500 N.W. 42nd Ct.
MIAMI, FL 33055

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/98 (305) 622-9815

Date

Daytime Phone #

CR2E037 (9/96)