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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Moyleham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003401 (4)**

1. Corporation Name

EVANGELICAL POWER MINISTRY INC.



Principal Place of Business 2159 PORTLAND AVENUE WELLINGTON FL 33414	Mailing Address 2159 PORTLAND AVENUE WELLINGTON FL 33414-8008
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2. Principal Place of Business 21 905 Second Street		2a. Mailing Address 26 2159 Portland Ave.		3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last Report New Incorp.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-067-6973	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 City & State West Palm Beach, Fl.		27 City & State Wellington, Fl.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional
23 Zip 33401		28 Zip 33414		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be
25 Country USA		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

9. Name and Address of Current Registered Agent LAFORTUNE, JEAN C 2159 PORTLAND AVENUE WELLINGTON FL 33414		10. Name and Address of New Registered Agent	
81 Name Same as Jean C. LaFortune		82 Street Address 2159 Portland Avenue	
83 City Wellington		84 Zip Code FL 33414	

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 **Jean C. LaFortune** *[Signature]* **1/10/97**
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D- President/Tres. D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jean C. LaFortune		1.2 NAME	
STREET ADDRESS 2159 Portland Ave.		1.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fl 33414		1.4 CITY-ST-ZIP	
TITLE D- Vice Pres. D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ashley LaFortune		2.2 NAME	
STREET ADDRESS 2159 Portland Ave.		2.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fl. 33414	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE D- Sec. D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Miriam LaFortune		3.2 NAME	
STREET ADDRESS 2159 Portland Ave.		3.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fl. 33414	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Jean C. LaFortune** *[Signature]* **1/10/97 (561/790-5542)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041217

CR2E037 (9/96)