


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003764 (5)
 1. Corporation Name
OFFICERS UNITED FOR CHRIST MINISTRIES, INC.



Principal Place of Business 1601 NW 52ND STREET MIAMI FL 33142	Mailing Address 1601 NW 52ND STREET MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report
4. FEI Number 65-0681687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BEMBRY, ORLANDO
1601 NW 52ND STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

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

FL

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	P <input type="checkbox"/> DELETE
NAME	BEMBRY, ORLANDO
STREET ADDRESS	1601 NW 52ND STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	"D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BEMBRY, ORLANDO
1.3 STREET ADDRESS	1601 NW 52ND ST
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33142
2.1 TITLE	"D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEMBRY, SONJA
2.3 STREET ADDRESS	1601 NW 52ND ST
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33142
3.1 TITLE	"T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MATHIS, ROSEMARY
3.3 STREET ADDRESS	1227 NW 29th ST
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33142
4.1 TITLE	"T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANIELS, BETTY
4.3 STREET ADDRESS	3000 NW 3RD AVE APT # 216
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33187
5.1 TITLE	"T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WALKER, ROSE
5.3 STREET ADDRESS	1227 NW 29th ST
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33142
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

DEP 870 8119

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.

CFR2E037 (4/97)