


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004341 (1)

1. Corporation Name
CHRISTIAN MISSIONARY CHURCH, INC.

Principal Place of Business 9642 PINES BLVD. PEMBROKE PINES FL 33024	Mailing Address 9642 PINES BLVD. PEMBROKE PINES FL 33024-6241
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2. Principal Place of Business 21 9626 PINES BLVD.		2a. Mailing Address 26 9626 PINES BLVD		3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0693954	Applied For Not Applicable
City & State 22		City & State 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 23		Country 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 24		Country 29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERNANDEZ, NESTOR 9642 PINES BLVD. PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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: *[Signature]* DATE: **1/16/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT/PASTOR	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NESTOR HERNANDEZ		1.2 NAME	
STREET ADDRESS 16309 EMERALD COVE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FLA 33331		1.4 CITY-ST-ZIP	
TITLE VICE-PRESIDENT/TRUSTEE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEON ECHVERRI		2.2 NAME	
STREET ADDRESS 8461 DUNDEE TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI LAKES, FLA 33016		2.4 CITY-ST-ZIP	
TITLE TREASURER/TRUSTEE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAPHAEL SANTOS		3.2 NAME	
STREET ADDRESS 5214 NW 198 TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FLA 33055		3.4 CITY-ST-ZIP	
TITLE SECRETARY/TRUSTEE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSQUIN DIAZ		4.2 NAME	
STREET ADDRESS 14040 RICHWOOD PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE, FLA 33325		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: *[Signature]* DATE: **1/16/97** (954) 704-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)