


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90153 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004705</b>					
1. Corporation Name <b>CHRISTIAN MISSION ADONAI INC.</b>					
Principal Place of Business <b>250 CORY AVE NE PALM BAY FL 32907</b>			Mailing Address <b>250 CORY AVE NE PALM BAY FL 32907</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>09/09/1996</b> 4. FEI Number <b>59-3396391</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>ROMERO, FRANCISCO 250 CORY AVE NE PALM BAY FL 32907</b>			10. Name and Address of New Registered Agent 81 Name <i>Francisco Romero</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>250 Cory Ave NE</i> 83 84 City <i>Palm Bay</i> <b>FL</b> 85 Zip Code <b>32907</b>		
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PASTOR FRANCISCO ROMERO</b> STREET ADDRESS <b>250 CORY AVE</b> CITY-ST-ZIP <b>PALM BAY FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>ROMERO, WILLIAM</b> STREET ADDRESS <b>1063 HOOVER AVE</b> CITY-ST-ZIP <b>PALM BAY FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>PAGAN, RAFAEL</b> STREET ADDRESS <b>1070 HOOVER AVE NE</b> CITY-ST-ZIP <b>PALM BAY FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>ROMERO, AIDA</b> STREET ADDRESS <b>1063 HOOVER AVE</b> CITY-ST-ZIP <b>PALM BAY FL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>ROMERO, JUAN</b> STREET ADDRESS <b>1063 HOOVER AVE</b> CITY-ST-ZIP <b>PALM BAY FL</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>GARCIA, ADA E</b> STREET ADDRESS <b>1792 SANDS RD</b> CITY-ST-ZIP <b>PALM BAY FL</b>			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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Francisco Romero* 3-5-99 407.724-4937  
Date Daytime Phone #

CR2E037 (11/98)