

FILE NOW: FILING FEE IS \$61.25

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Mar 03 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 # **N96000005072 (1)**

1. Corporation Name
MISSIONS OF GOD, INC.



Principal Place of Business 19711 SW 117 CT MIAMI FL 33177	Mailing Address 19711 SW 117 CT MIAMI FL 33177-4428
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3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report N/A
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2. Principal Place of Business <i>Same</i>	2a. Mailing Address	4. FEI Number N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
21. <i>Worship & helping ready</i>	26. <i>19711 SW 117 CT</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22. <i>N/A</i>	27. <i>N/A</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. <i>Mia fl</i>	28. <i>Mia fl</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. <i>33177</i>	25. <i>Dom East</i>	29. <i>33177</i>	30. <i>Dom East</i>

9. Name and Address of Current Registered Agent FERGUSON, ALVA 19711 SW 117 CT MIAMI FL 33177	10. Name and Address of New Registered Agent
	81. Name N/A
	82. Street Address (P.O. Box Number is Not Acceptable) N/A
	83. N/A
	84. City N/A FL 85. Zip Code N/A

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 *N/A* (NOTE: Registered Agent signature required when reinstating) DATE *N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P FERGUSON, ALVA	1.2 NAME	Maxine Brown
STREET ADDRESS	19711 SW 117 CT	1.3 STREET ADDRESS	2351 NW 92 ST
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	Miami fl 33147
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FERGUSON, WELLINGTON	2.2 NAME	
STREET ADDRESS	19711 SW 117 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TO SPENCE, GLORIA	3.2 NAME	
STREET ADDRESS	2351 NW 92ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FERGUSON, SHERELLE	4.2 NAME	
STREET ADDRESS	19711 SW 117 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DAVIS, CHARMAINE	5.2 NAME	Davis Charmaine
STREET ADDRESS	19711 SW 117 CT	5.3 STREET ADDRESS	2351 NW 92 ST
CITY-ST-ZIP	MIAMI FL 33177	5.4 CITY-ST-ZIP	Miami fl 33147
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LANDREA, MABLE	6.2 NAME	
STREET ADDRESS	19711 SW 117 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	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: *Glenn Spence* 1-20-97 696-8685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033140

CR2E037 (9/96)