


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004630 (6)**

1. Corporation Name

MINISTRY OF LIFE CHRISTIAN CENTER, INC.



Principal Place of Business 5611 STONERIDGE CIRCLE ORLANDO FL 32839	Mailing Address 5611 STONERIDGE CIRCLE ORLANDO FL 32839
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3. Date Incorporated or Qualified 08/14/1997
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 2187 W. Oakridge Rd. Suite, Apt. #, etc. 22 408-A City & State 23 Orlando Florida Zip 24 32839	2a. Mailing Address 26 P.O. Box 592941 Suite, Apt. #, etc. 27 City & State 28 Orlando Florida Zip 29 32859
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6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANEY, CEDRIC A	1.2 NAME	Chaney, Cedric A
STREET ADDRESS	5611 STONERIDGE CIRCLE	1.3 STREET ADDRESS	2187 W. Oakridge Rd #408A
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	Orlando, Florida 32839
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANEY, LATONJA L	2.2 NAME	Chaney, Latonja L.
STREET ADDRESS	5611 STONERIDGE CIRCLE	2.3 STREET ADDRESS	2187 W. Oakridge Rd. #408A
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-ZIP	Orlando, Florida 32839
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANEY, CARRIE B	3.2 NAME	Chaney, Carrie B.
STREET ADDRESS	5611 STONERIDGE CIRCLE	3.3 STREET ADDRESS	5612 Stoneridge Circle
CITY-ST-ZIP	ORLANDO FL 32839	3.4 CITY-ST-ZIP	Orlando, Florida 32839
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 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: **Latonja Chaney** DATE: **April 30, 1998 (401) 438-3455**

CR2E037 (1097)