


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000006101 1. Corporation Name DR. I.W. HEPBURN MINISTRIES INC.	

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business DR. I.W. HEPBURN MINISTRIES INC. 2311 S.W. 48 AVENUE WEST HOLLYWOOD, FLORIDA		Mailing Address DR. I.W. HEPBURN MINISTRIES INC. 2311 S.W. 48 AVENUE WEST HOLLYWOOD, FLORIDA	
2. Principal Place of Business 21 5401 S.W. 24th STREET Suite, Apt. #, etc. City & State 23 W. HOLLYWOOD, FLORIDA Zip 24 33023	2a. Mailing Address 25 2311 S.W. 48 AVENUE Suite, Apt. #, etc. City & State 27 W. HOLLYWOOD, FLORIDA Zip 29 33023	3. Date Incorporated or Qualified 10-20-97	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAROLYNN JUSTINA BROWN 431 N.W. 184th TERRACE MIAMI, FLORIDA 33169		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: *Carolynn Justina Brown* 431 N.W. 184th Terrace, Miami, FL 33169
 Signature, typed or printed name, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 type="checkbox"/> Addition
NAME	D MICHAEL WEST	1.2 NAME	
STREET ADDRESS	431 N.W. 184TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAGNOLA BARRETT	2.2 NAME	
STREET ADDRESS	5531 S.W. 24TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HOLLYWOOD, FL 33023	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C JERILYNN WEARY	3.2 NAME	
STREET ADDRESS	7776 N.W. 12TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33150	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DEBBIE SWEETING	4.2 NAME	
STREET ADDRESS	2810 ADAMS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ROSA JOHNSON	5.2 NAME	
STREET ADDRESS	5600 WILEY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33023	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M EZRA DIXON	6.2 NAME	
STREET ADDRESS	5440 MAYO STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33023	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 attached page with an address.

SIGNATURE: *Dr. I.W. Hepburn* 8-28-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)