

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 706395
1. Corporation Name

(1)

ADVENT CHRISTIAN VILLAGE, INC.



Principal Place of Business ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32060 US	Mailing Address ADVENT CHRISTIAN VILLAGE P. O. BOX 4307 DOWLING PARK FL 32060 US
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3. Date Incorporated or Qualified 11/08/1963	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0751905	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOXLEY, JOHN
2320 NE 2 ST STE 4
OCALA FL 32670**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	HUMBLES, JAMES L
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE / PO BOX 4307 N/A
CITY-ST-ZIP	DOWLING PARK FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	NICKERSON, W C JR
STREET ADDRESS	464 BROOK ST
CITY-ST-ZIP	WESTBROOK ME
TITLE	D <input type="checkbox"/> DELETE
NAME	MOXLEY, JOHN
STREET ADDRESS	2320 NE 2ND AVE STE 4
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ERB, KEN
STREET ADDRESS	P. O. BOX 4403, #7 MEADOW VIEW DRIVE
CITY-ST-ZIP	DOWLING PARK FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CARTER, J POMEROY
STREET ADDRESS	RT 9 BOX 120 N/A
CITY-ST-ZIP	LIVE OAK FL
TITLE	T <input type="checkbox"/> DELETE
NAME	NICKERSON, KIRBY
STREET ADDRESS	P. O. BOX 4327
CITY-ST-ZIP	DOWLING PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Humbles, James L.
1.3 STREET ADDRESS	Advent Christian Village, PO Box 4307 N/A
1.4 CITY-ST-ZIP	Dowling Park, FL 32060
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James L. Humbles* **James L. Humbles** **4-26-96** **904/658-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)