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May 01 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 # 706395 (1)  
1. Corporation Name  
**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 32060-1539 US
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3. Date Incorporated or Qualified 11/08/1963	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0751905	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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>	
6. 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. Advent Christian Village Suite, Apt. #, etc. P. O. Box 4307 City & State 23. Dowling Park, FL Zip 24. 32064 Country 25. US	2a. Mailing Address 26. Advent Christian Village Suite, Apt. #, etc. P. O. Box 4307 City & State 28. Dowling Park, FL Zip 29. 32064 Country 30. US
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9. Name and Address of Current Registered Agent  
**MOXLEY, JOHN  
2320 NE 2 ST STE 4  
OCALA FL 32870**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Humbles, James L.	
1.3 STREET ADDRESS	P. O. Box 4307 (N/A)	
1.4 CITY-ST-ZIP	Dowling Park, FL 32064	
2.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nickerson, W.C.	
2.3 STREET ADDRESS	P. O. Box 4781(N/A)	
2.4 CITY-ST-ZIP	Dowling Park, FL 32064	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Erb, Ken	
4.3 STREET ADDRESS	P. O. Box 4779, #7 Meadow View Drive	
4.4 CITY-ST-ZIP	Dowling Park, FL 32064	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carter, Craig	
5.3 STREET ADDRESS	P. O. Box 4305 (N/A)	
5.4 CITY-ST-ZIP	Dowling Park, FL 32064	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nickerson, Kirby	
6.3 STREET ADDRESS	P. O. Box 4327 (N/A)	
6.4 CITY-ST-ZIP	Dowling Park, FL 32064	

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: James L. Humbles James L. Humbles 4-17-97 (904) 658-5500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000767

CR2E037 (9/96)