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May 08 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 # 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 US	3. Date Incorporated or Qualified 11/08/1963
		4. FEI Number 59-0751905
		Applied For Not Applicable

2. Principal Place of Business 21 Advent Christian Village	2a. Mailing Address 26 Advent Christian Village	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22 P. O. Box 4307	Suite, Apt. #, etc. 27 P. O. Box 4307	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23 Dowling Park, FL	City & State 28 Dowling Park, FL	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24 32064	Country 25 US	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 MOXLEY, JOHN 2320 NE 2 ST STE 4 OCALA FL 32870		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUMBLES, JAMES L		1.2 NAME	
STREET ADDRESS P.O. BOX 4307 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP DOWLING PARK FL		1.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICKERSON, W.C.		2.2 NAME	
STREET ADDRESS P.O. BOX 4781 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP DOWLING PARK FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOXLEY, JOHN		3.2 NAME	
STREET ADDRESS 2320 NE 2ND AVE STE 4		3.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERB, KEN		4.2 NAME	
STREET ADDRESS P.O. BOX 4779, #7 MEADOW VIEW DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP DOWLING PARK FL		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARTER, CRAIG		5.2 NAME	
STREET ADDRESS P.O. BOX 4305 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP DOWLING PARK FL		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICKERSON, KIRBY		6.2 NAME	
STREET ADDRESS P.O. BOX 4327 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP DOWLING PARK FL		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: *James L. Humbles* **James L. Humbles** 4-23-98 (904) 658-5500

CR2E037 (10/97)