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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706395

1. Corporation Name
ADVENT CHRISTIAN VILLAGE, INC.

Principal Place of Business ADVENT CHRISTIAN VILLAGE P O BOX 4307 DOWLING PARK FL 32064 US	Mailing Address ADVENT CHRISTIAN VILLAGE P. O. BOX 4307 DOWLING PARK FL 32064 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/08/1963
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0751905
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MOXLEY, JOHN 2320 NE 2 ST STE 4 OCALA FL 32670	10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBLES, JAMES L	1.2 NAME	Humbles, James L.
STREET ADDRESS	P.O. BOX 4307 N/A	1.3 STREET ADDRESS	10209 229th Lane
CITY-ST-ZIP	DOWLING PARK FL	1.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, W.C.	2.2 NAME	Nickerson, W.C.
STREET ADDRESS	P.O. BOX 4781 N/A	2.3 STREET ADDRESS	10439 CR 136
CITY-ST-ZIP	DOWLING PARK FL	2.4 CITY-ST-ZIP	Live Oak, FL 32060
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CRAIG	5.2 NAME	Carter, Craig
STREET ADDRESS	P.O. BOX 4305 N/A	5.3 STREET ADDRESS	11057 CR 136
CITY-ST-ZIP	DOWLING PARK FL	5.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, KIRBY	6.2 NAME	Nickerson, Kirby
STREET ADDRESS	P.O. BOX 4327 N/A	6.3 STREET ADDRESS	10407 Riverwoods Drive
CITY-ST-ZIP	DOWLING PARK FL	6.4 CITY-ST-ZIP	Live Oak, FL 32060

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, with all other like empowered.

SIGNATURE: _____ DATE: 4/21/99 DAYTIME PHONE: (904) 658-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

Additional Officers and Directors of the Advent Christian Village, Inc.
not listed under #12 Officers and Directors of the NonProfit
Corporation Annual Report

Director

Dr. George Caranasos
2606 NW 27th Terrace
Gainesville, FL 32605

Director

Mr. Donald Churchill
447 Courtney Circle
Sugar Grove, IL 60554

Director

Mrs. Margaret Lynn Duggar
1018 Thomasville Rd., Ste. 110
Tallahassee, FL 32303

Director

Dr. Robert E. Fillinger
813 Trinidad Road
Jacksonville, FL 32216-9341

Director

Dr. Claydell Horne
12479 CR 49
Live Oak, FL 32060

Director

Mr. Earl Johnson
23395 Elmwood Lane
Dowling Park, FL 32060

Director

Mr. Tom Kennon
Suwannee County Courthouse
200 South Ohio Avenue
Live Oak, FL 32060

Director

Rev. Adrian Shepard
1605 Canady Road
Wilmington, NC 28405-7882

Director

Mr. Bryce Sherrill
1122 Knox Sherrill Road
Lenoir, NC 28645

Director

Rev. Clio Thomas
406 Scenic Way
Kent, WA 98031

Director

Mr. Carl Vignali
3932 Richardson Road
Panama City, FL 32401

Director

Mr. Alton Wood
6254 Teal Street
Wilmington, NC 28403

Ex-Officio Member

Rev. David Ross
14601 Albemarle Road
Charlotte, NC 28212

Assistant Secretary

Mrs. Mary Crawford
11504 CR 252
McAlpin, FL 32062

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4/20/99