

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

DOCUMENT # F93000003101 (3)

1. Corporation Name
AMERICAN SCRIPTURE GIFT MISSION INCORPORATED



Principal Place of Business: **991 TROON TRACE WINTER SPRINGS FL 32708**
Mailing Address: **P O BOX 195575 WINTER SPRING FL 32719-5575 US**

3. Date Incorporated or Qualified: **07/02/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 890 NORTHERN WAY**
Suite, Apt. #, etc.: **22 SUITE C2**
City & State: **23 WINTER SPRINGS FL**
Zip: **24 32708** Country: **25 USA**

4. FEI Number: **23-1352023**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**EVANS T. DR
1524 CARILLON PARK DR
OVEIDO FL 32765**

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: D	BERNHART, W. MR	1.1 TITLE: DV	BERNHART, W. MR
STREET ADDRESS: 1822 SENECA BLVD		1.2 NAME: BERNHART, W. MR	
CITY-ST-ZIP: WINTER SPRINGS FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS: 1822 SENECA BLVD	
TITLE: D	EVANS, T. DR	1.4 CITY-ST-ZIP: WINTER SPRINGS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1524 CARILLON PARK DR		2.1 TITLE: D	RIVETT, D MR
CITY-ST-ZIP: OVIED FL	<input type="checkbox"/> DELETE	2.2 NAME: RIVETT, D MR	
TITLE: PD	GRIFFINS, K. MR	2.3 STREET ADDRESS: BROOKSIDE, THURSLEY RD	
STREET ADDRESS: 3 VALLIANT RD		2.4 CITY-ST-ZIP: GODALMING SURVEY KT3 9EW EN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: WEYBRIDGE SURVEY KT3 9EW EN	<input type="checkbox"/> DELETE	3.1 TITLE: D	WYNNE, C REV
TITLE: VD	RIVETT, D MR	3.2 NAME: WYNNE, C REV	
STREET ADDRESS: BROOKSIDE, THURSLEY RD		3.3 STREET ADDRESS: 72 CLOVER AVE	
CITY-ST-ZIP: GODALMING SURVEY KT3 9EW EN	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP: LANSLOWNE PA 19050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD	LENNARD, M MR	4.1 TITLE: D	POWELL, J MR
STREET ADDRESS: 75 NORBURY HILL		4.2 NAME: POWELL, J MR	
CITY-ST-ZIP: LONDON SWSW16 EN	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS: 1920 OAK HILLS DRIVE	
TITLE: D	LANE, N. H. MR	4.4 CITY-ST-ZIP: COLORADO SPRINGS CO 80919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11 ROUNDWOOD GROVE		5.1 TITLE: _____	
CITY-ST-ZIP: HUTTON MOUNT EN	<input type="checkbox"/> DELETE	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: Shirley J. Carr Date: 3/24/96 Daytime Phone #: 823-5521

CR2E037 (12/95)