

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

Mailing Address

991 TROON TRACE  
WINTER SPRINGS FL 32708

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

2a. Mailing Address

21 890 NORTHERN WAY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C2

27

City & State

City & State

23 WINTER SPRINGS FL

28

Zip

Country

Zip

Country

24 32708

25 USA

29

30

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

10. Name and Address of New Registered Agent

EVANS T. DR  
1524 CARILLON PARK DR  
OVEIDO FL 32765

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BERNHART, W. MR  
STREET ADDRESS 1822 SENECA BLVD  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☐ DELETE  
NAME EVANS, T. DR  
STREET ADDRESS 1524 CARILLON PARK DR  
CITY-ST-ZIP OVID FL

TITLE PD ☐ DELETE  
NAME GRIFFINS, K. MR  
STREET ADDRESS 3 VALLIANT RD  
CITY-ST-ZIP WEYBRIDGE SURVEY KT3 9EW EN

TITLE VD ☐ DELETE  
NAME RIVETT, D MR  
STREET ADDRESS BROOKSIDE, THURSLEY RD  
CITY-ST-ZIP GODALMING SURVEY KT3 9EW EN

TITLE STD ☐ DELETE  
NAME LENNARD, M MR  
STREET ADDRESS 75 NORBURY HILL  
CITY-ST-ZIP LONDON SWSW16 EN

TITLE D ☐ DELETE  
NAME LANE, N. H. MR  
STREET ADDRESS 11 ROUNDWOOD GROVE  
CITY-ST-ZIP HUTTON MOUNT EN

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DV ☒ Change ☐ Addition  
BERNHARDT, W. MR  
1822 SENECA BLVD  
WINTER SPRINGS FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D ☒ Change ☐ Addition  
RIVETT, D MR  
BROOKSIDE, THURSLEY RD  
GODALMING SURVEY KT3 9EW EN

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D ☐ Change ☒ Addition  
WYNNE, C REV  
72 CLOVER AVE  
LANSDOWNE PA 19050

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D ☐ Change ☒ Addition  
POWELL, S MR  
1920 OAK HILLS DRIVE  
COLORADO SPRINGS CO 80919

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/96

823-5521

CR2E037 (12/95)