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May 08 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 # **F93000003101 (3)**

1. Corporation Name

AMERICAN SCRIPTURE GIFT MISSION INCORPORATED



Principal Place of Business
**890 NORTHERN WAY
SUITE C2
WINTER SPRINGS FL 32708
US**

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 04/10/1996
4. FEI Number 23-1352023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
	FL

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	DV <input type="checkbox"/> DELETE
NAME	BERNHART, W. MR
STREET ADDRESS	1822 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RIVETT, D
STREET ADDRESS	BROOKSIDE, THURSLEY RD
CITY-ST-ZIP	GODALMING SU
TITLE	PD <input type="checkbox"/> DELETE
NAME	GRIFFINS, K. MR
STREET ADDRESS	3 VALLIANT RD
CITY-ST-ZIP	WEYBRIDGE SURVEY KT3 9EW EN
TITLE	VD <input type="checkbox"/> DELETE
NAME	RIVETT, D MR
STREET ADDRESS	BROOKSIDE, THURSLEY RD
CITY-ST-ZIP	GODALMING SURVEY KT3 9EW EN
TITLE	STD <input type="checkbox"/> DELETE
NAME	LENNARD, M MR
STREET ADDRESS	75 NORBURY HILL
CITY-ST-ZIP	LONDON SWSW16 EN
TITLE	D <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	POWELL, J. MR
1.3 STREET ADDRESS	1920 OAK HILLS DR
1.4 CITY-ST-ZIP	COLORADO SPRINGS CO 80919
2.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVANS T. DR
2.3 STREET ADDRESS	1524 CARILLON PARK DR
2.4 CITY-ST-ZIP	OVEIDO FL 32765
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRIFFITHS, K. MR
3.3 STREET ADDRESS	3 VALLIANT RD
3.4 CITY-ST-ZIP	WEYBRIDGE SURREY KT3 9EW ENGLAND
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LENNARD, M. MR
4.3 STREET ADDRESS	75 NORBURY HILL
4.4 CITY-ST-ZIP	LONDON SW16 ENGLAND
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WYNNE, C. REV
5.3 STREET ADDRESS	72 BLOVER LANE
5.4 CITY-ST-ZIP	LANSDOWNE PA 19050
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 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: Wesley A. Bernhardt Wesley A. Bernhardt April 28, 1997 (407) 365-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013349

CR2E037 (9/96)