


FILE NOW: FILING FEE IS \$61.25

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Apr 30 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 # **F96000006254 (4)**

1. Corporation Name

ASSOCIATES RESOURCING MISSIONS INCORPORATED



Principal Place of Business

Mailing Address

**11621 CARROLLWOOD DR.
TAMPA FL 33618**

**11621 CARROLLWOOD DR.
TAMPA FL 33618-3713**

3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report 12/02/1996
4. FEI Number 54-1411038	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 checked="" 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

10. Name and Address of New Registered Agent

**NELSON, GARY
11621 CARROLLWOOD DR.
TAMPA FL 33618**

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARR, SHARON B	1.2 NAME	
STREET ADDRESS	1308 GODDIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RICHMOND VA 23231	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, CHARLES	2.2 NAME	
STREET ADDRESS	14040 N. CARRIAGE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIDLOTHIAN VA	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOWDS, ROBERT	3.2 NAME	O'Dowds, Robert
STREET ADDRESS	2410 SALLEE LANE	3.3 STREET ADDRESS	spelling
CITY - ST - ZIP	VISALLIA CA 93277	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBURN, CURT	4.2 NAME	Harold Kent
STREET ADDRESS	1134 U ST., S.E.	4.3 STREET ADDRESS	16317 Villereal Avila
CITY - ST - ZIP	WASHINGTON DC	4.4 CITY - ST - ZIP	Tampa, FL 33613
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, DAVID	5.2 NAME	
STREET ADDRESS	UNIVERSITY OF NATIONS 75.5851 KUAKTAI HWY	5.3 STREET ADDRESS	
CITY - ST - ZIP	KAILYA KONA HI 96740	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Gary Nelson
STREET ADDRESS		6.3 STREET ADDRESS	11621 Carrollwood Dr.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Tampa, FL 33618

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:  **April 21, 1997 (813) 933-8111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000625

CR2E037 (9/96)