

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006254 (4)**

1. Corporation Name

**ASSOCIATES RESOURCING MISSIONS INCORPORATED**



Principal Place of Business <b>11621 CARROLLWOOD DR. TAMPA FL 33618</b>		Mailing Address <b>11621 CARROLLWOOD DR. TAMPA FL 33618</b>		3. Date Incorporated or Qualified <b>12/02/1996</b>	
		4. FEI Number <b>54-1411038</b>		Applied For Not Applicable	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b> City & State		<b>27</b> City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>23</b> Zip		<b>28</b> Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country		<b>29</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NELSON, GARY 11621 CARROLLWOOD DR. TAMPA FL 33618</b>				10. Name and Address of New Registered Agent	
				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City <b>FL</b> <b>85</b> 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DOWNS, ROBERT	3.2 NAME	
STREET ADDRESS	2410 SALLEE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VISALIA CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, HAROLD	4.2 NAME	
STREET ADDRESS	16317 VILLREAL AVILA	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYD, DAVID	5.2 NAME	<b>Mack, Robert</b>
STREET ADDRESS	UNIVERSITY OF NATIONS 75.5851 KUAKTAI HWY	5.3 STREET ADDRESS	<b>648 Flamingo Dr.</b>
CITY-ST-ZIP	KAILUA KONA HI 96740	5.4 CITY-ST-ZIP	<b>Apollo Beach FL 33572</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GARY	6.2 NAME	
STREET ADDRESS	11621 CARROLLWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 6, 1998 (813) 933-8111**  
Date Daytime Phone # 0049409

CR2E037 (10/97)