

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 # N08907 (0)

1. Corporation Name
ADVENTURERS IN MINISTRY, INC.



Principal Place of Business

**7408 YUMA WAY
SUITE 102
BAKERSFIELD CA 93308
US**

Mailing Address

**P O BOX 81746
BAKERSFIELD CA 93380
US**

3. Date Incorporated or Qualified
04/24/1985

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

21 **7408 Yuma Way**

2a. Mailing Address

26 **P O BOX 81746**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BAKERSFIELD, CA**

28

Zip

Country

Zip

Country

24 **93308**

25 **U.S.A.**

29

30

4. FEI Number

59-2544378

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

**BRADLEY, FRANCIS M.
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE
NAME **BROWN, DONALD**
STREET ADDRESS **7408 YUMA WAY**
CITY- ST- ZIP **BAKERSFIELD CA**

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

TITLE **D** ☐ DELETE
NAME **BROWN, DIANE**
STREET ADDRESS **7408 YUMA WAY**
CITY- ST- ZIP **BAKERSFIELD CA**

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

TITLE **S** ☐ DELETE
NAME **RIPLEY, ETHEL**
STREET ADDRESS **338 SEEWEE CIRCLE**
CITY- ST- ZIP **MT. PLEASANT SC**

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

TITLE **T** ☐ DELETE
NAME **MCCOOL, GERALD**
STREET ADDRESS **8159 TIARA**
CITY- ST- ZIP **VENTURA CA**

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

TITLE **D** ☐ DELETE
NAME **GRANBERRY, LANGLEY**
STREET ADDRESS **MOCKINGBIRD DR**
CITY- ST- ZIP **EDGARTOWN MA**

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

TITLE **D** ☐ DELETE
NAME **ANDREWS, NANCY**
STREET ADDRESS **308 ACORN CT**
CITY- ST- ZIP **VACAVILLE CA**

6.1 TITLE ☐ Change ☐ 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:

DiANE A. Brown **DIANE A. BROWN** Jan. 29, 1996 (805) 588-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)