


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08907 (0)**

1. Corporation Name  
**ADVENTURERS IN MINISTRY, INC.**

Principal Place of Business <b>7408 YUMA WAY BAKERSFIELD CA 93308 US</b>	Mailing Address <b>P O BOX 81746 BAKERSFIELD CA 93380-1746 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

3. Date Incorporated or Qualified <b>04/24/1985</b>	3a. Date of Last Report <b>02/09/1996</b>
4. FEI Number <b>59-2544378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DONALD</b>	
STREET ADDRESS	<b>7408 YUMA WAY</b>	
CITY-ST-ZIP	<b>BAKERSFIELD CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, DIANE</b>	
STREET ADDRESS	<b>7408 YUMA WAY</b>	
CITY-ST-ZIP	<b>BAKERSFIELD CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>RIPLEY, ETHEL</b>	
STREET ADDRESS	<b>338 SEEWEE CIRCLE</b>	
CITY-ST-ZIP	<b>MT. PLEASANT SC</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCOOL, GERALD</b>	
STREET ADDRESS	<b>8159 TIARA</b>	
CITY-ST-ZIP	<b>VENTURA CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANBERRY, LANGLEY</b>	
STREET ADDRESS	<b>MOCKINGBIRD DR</b>	
CITY-ST-ZIP	<b>EDGARTOWN MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREWS, NANCY</b>	
STREET ADDRESS	<b>308 ACORN CT</b>	
CITY-ST-ZIP	<b>VACAVILLE CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>THE REV. DR. R. A. WHITMARE</b>	
1.3 STREET ADDRESS	<b>311 11TH ST.</b>	
1.4 CITY-ST-ZIP	<b>AMBRIDGE, PA 15003</b>	
2.1 TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DR. STEPHEN SMITH</b>	
2.3 STREET ADDRESS	<b>311 11TH ST.</b>	
2.4 CITY-ST-ZIP	<b>AMBRIDGE, PA 15003</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>THE RT. REV. JOHN DAVID SCOFIELD</b>	
3.3 STREET ADDRESS	<b>4109 E. DAKOTA AVE.</b>	
3.4 CITY-ST-ZIP	<b>FARGO, ND 58103</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GRANBERRY, LANGLEY</b>	
5.3 STREET ADDRESS	<b>694 OLD HICKORY BLVD.</b>	
5.4 CITY-ST-ZIP	<b>BRENTWOOD, TN 37027</b>	
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: **DIANE A. BROWN** **Feb. 10, 1997** **(805) 588-5869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)