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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90067 011 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08907**

1. Corporation Name  
**ADVENTURERS IN MINISTRY**

Principal Place of Business

**8159 TIARA  
VENTURA  
CA 93004**

Mailing Address

**8159 TIARA  
VENTURA  
CA 93004**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**04/24/85**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADLEY, FRANCIS M.  
427 TIMBERLAKE DR.  
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. BROWN, DONALD** ☐ DELETE  
NAME  
STREET ADDRESS **7408 YUMA WAY**  
CITY-ST-ZIP **BAKERSFIELD, CA 93008**

1.1 TITLE **SAME** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **8152 TIARA ST.**  
1.4 CITY-ST-ZIP **VENTURA, CA 93004**

TITLE **D. BROWN, DIANE** ☐ DELETE  
NAME  
STREET ADDRESS **7408 YUMA WAY**  
CITY-ST-ZIP **BAKERSFIELD, CA 93008**

2.1 TITLE **SAME** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **8159 TIARA ST.**  
2.4 CITY-ST-ZIP **VENTURA-CA 93004**

TITLE **S. RIPLEY, GTHOL** ☐ DELETE  
NAME  
STREET ADDRESS **338 SEBWEB 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. MCCOOL, GERALD** ☐ DELETE  
NAME  
STREET ADDRESS **8159 TIARA**  
CITY-ST-ZIP **VENTURA, CA 93004**

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

TITLE **D. GRANBAY, LANGLEY** ☐ DELETE  
NAME  
STREET ADDRESS **694 OLD HICKORY BLVD**  
CITY-ST-ZIP **BRENTWOOD, TN**

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

TITLE **D. ANDREWS, NANCY** ☐ DELETE  
NAME  
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 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, with all other like empowered.

SIGNATURE:

**Donal G. Brown**

**DIANE A. BROWN**

**March 24, 1999**

**805-647-5106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)