

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08907

1. Entity Name

ADVENTURERS IN MINISTRY, INC.

Principal Place of Business

Mailing Address

8159 TIARA
VENTURA CA 93004
US

8159 TIARA
VENTURA CA 93004-2008
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2544378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, FRANCIS M.
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **BROWN, DONALD**
STREET ADDRESS **8159 TIARA**
CITY-ST-ZIP **VENTURA CA 93004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, DIANE**
STREET ADDRESS **8159 TIARA**
CITY-ST-ZIP **VENTURA CA 93004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRANBERY, LANGLEY**
STREET ADDRESS **694 OLD HICKORY BLVD**
CITY-ST-ZIP **BRENTWOOD TE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald D. McCool
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 MARCA 2000 605/647-5106
Date Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90044 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)