FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am **DOCUMENT # N08907** Secrétary of State 1. Entity Name 07-15-2002 90189 043 ****61.25 ADVENTURERS IN MINISTRY, INC. Mailing Address Principal Place of Business **8159 TIARA** 8159 TJARA VENTURA CA 93004 VENTURA CA 93004 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2544378 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRADLEY, FRANCIS M. 427 TIMBERLAKE DRIVE **MELBOURNE FL 32940** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State min, will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change C Delete TITLE TITLE **BROWN, DONALD** NAME NAME STREET ADDRESS STREET ADDRESS **8159 TIARA** CITY-ST-ZIP CITY-ST-ZIP VENTURA CA 93004 ☐ Addition Change ☐ Delete TITLE BROWN, DIANE NAME STREET ADDRESS STREET ADDRESS **8159 TIARA** CITY-ST-ZIP CITY-ST-ZIP VENTURA CA 93004 ☐ Addition ☐ Change ☐ Delete TITLE NAME RIPLEY, ETHEL NAME STREET ADDRESS 338 SEEWEE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MT. PLEASANT SC Change Addition TITLE ☐ Delete MCCOOL, GERALD NAME STREET ADDRESS STREET ADDRESS 8159 TIARA CITY-ST-ZIP CITY-ST-ZIP VENTURA CA ☐ Change Addition ☐ Delete TITLE TITLE GRANBERY, LANGLEY NAME NAME

VACAVILLE CA 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 regeiver 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

694 OLD HICKORY BLVD

BRENTWOOD TE

ANDREWS, NANCY

308 ACORN CT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

(4/02)

☐ Change

☐ Addition