

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90072 045 ****61.25

DOCUMENT # N08907

1. Entity Name
ADVENTURERS IN MINISTRY, INC.



Principal Place of Business

**8159 TIARA
VENTURA CA 93004
US**

Mailing Address

**8159 TIARA
VENTURA CA 93004
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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	BROWN, DONALD	8159 TIARA	VENTURA CA 93004	<input type="checkbox"/>
D	BROWN, DIANE	8159 TIARA	VENTURA CA 93004	<input type="checkbox"/>
S	RIPLEY, ETHEL	338 SEEWEE CIRCLE	MT. PLEASANT SC	<input type="checkbox"/>
T	MCCOOL, GERALD	8159 TIARA	VENTURA CA	<input type="checkbox"/>
D	GRANBERY, LANGLEY	694 OLD HICKORY BLVD	BRENTWOOD TE	<input type="checkbox"/>
D	ANDREWS, NANCY	308 ACORN CT	VACAVILLE CA	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 MCCOOL, Treasurer 2/05/03 805/647-5106

CR2E037 (10/02)